

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07854

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** COMMUNITY COOPERATIVE MINISTRIES, INC.

**Current Principal Place of Business:**

3429 DR MARTIN L KING  
FORT MYERS, FL 33916 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2143  
FORT MYERS, FL 33902

**New Mailing Address:**

**FEI Number:** 59-2602772

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

OWEN, SARAH A D  
2809 SW 45TH STREET  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** GALLOWAY, SAM JR  
**Address:** PO BOX 70  
**City-St-Zip:** FORT MYERS, FL 33902

**Title:** S  
**Name:** LARSON, CHRISTINE  
**Address:** 2255 EPHRAIM AVE  
**City-St-Zip:** FORT MYERS, FL 33907

**Title:** CFO  
**Name:** KING, ELLEN  
**Address:** 3926 SE 9TH COURT  
**City-St-Zip:** CAPE CORAL, FL 33904

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ELLEN KING

CFO

04/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date