2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N08000009965

Entity Name: CAPE CORAL BOOTSTRAP HOMELESS MINISTRY, INC.

Current Principal Place of Business:

1019 SW 52ND ST.
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

1019 SW 52ND ST.
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 26-3644653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOENIG, CYNTHIA
2219 SW 12TH PL.
CAPE CORAL, FL 33991 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: PD ( ) Delete
Name: SIMON, CECELIA
Address: 1019 SW 52ND ST.
City-St-Zip: CAPE CORAL, FL 33914

Title: P ( ) Delete
Name: IRVIN, JOSEPH
Address: 1019 SW 52ND ST.
City-St-Zip: CAPE CORAL, FL 33914

Title: VD ( ) Delete
Name: HIPPERT, ROBERT
Address: 2531 BROADWATER ST., UNIT A
City-St-Zip: MATLACHA, FL 33993

Title: VD ( ) Delete
Name: SIMON-HOLSCHBACH, ELIZABETH
Address: 5624-3 MALT DR.
City-St-Zip: FT. MYERS, FL 33907

Title: S ( ) Delete
Name: KOENIG, CYNTHIA
Address: 2219 SW 12TH PL.
City-St-Zip: CAPE CORAL, FL 33991

Title: T ( ) Delete
Name: HEALEY, JUDY
Address: 710 SW 51ST TERR.
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CYNTHIA KOENIG S 04/17/2009

Electronic Signature of Signing Officer or Director — Date