

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 17, 2012
Secretary of State

DOCUMENT# N11000005560

Entity Name: PHOENIX CM INCORPORATED**Current Principal Place of Business:**1318 ARDMORE ST
SAINT AUGUSTINE, FL 32092**New Principal Place of Business:****Current Mailing Address:**P.O.BOX 4101
SAINT AUGUSTINE, FL 32085**New Mailing Address:**52 TUSCAN WAY
STE. 202-142
SAINT AUGUSTINE, FL 32092**FEI Number:** 45-2522877**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RUSSELL, ELLA B
1318 ARDMORE ST
SAINT AUGUSTINE, FL 32092 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: SD
Name: WILSON, EARL
Address: 3465 PHILLIPS HIGHWAY APT. 508
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD
Name: PUTNAM, ISILMA
Address: 187 N. TWIN MAPLE ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VPD
Name: DANIELS, DENISE
Address: 1431 SCENIC OAKS DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: PD
Name: STAPLEFOOTE, LIONEL
Address: 8670 JEREMY DAVID CT
City-St-Zip: JACKSONVILLE, FL 32244

Title: D
Name: MCGHEE, CASSANDRA
Address: 1535 BLANDING BLVD APT. 904
City-St-Zip: MIDDLEBURG, FL 32068

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: ELLA B. RUSSELL

ED

04/17/2012

Electronic Signature of Signing Officer or Director

Date