2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# N41347

Entity Name: CIVILIAN MILITARY COMMUNITY RELATIONS COUNCIL, INC.

Current Principal Place of Business:

817 DIXON BLVD
STE 6-B
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

817 DIXON BLVD
STE 6-B
COCOA, FL 32922

New Mailing Address:

FEI Number: 59-3084377 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECK, DONALD T
817 DIXON BLVD
STE 6-B
COCOA, FL 32922 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:	D	( ) Delete
Name:	HOUSTON, KEITH	
Address:	2741 WENTWORTH PLACE	
City-St-Zip:	COCOA, FL 32926	
Title:	DC	( ) Delete
Name:	MOORE, KENDALL	
Address:	429 COBBLEWOOD DRIVE	
City-St-Zip:	ROCKLEDGE, FL 32955	
Title:	DS	( ) Delete
Name:	ELLIS, WILLIAM	
Address:	1823 CRANE CREEK BLVD.	
City-St-Zip:	MELBOURNE, FL 32940	
Title:	DT	( ) Delete
Name:	HOSKINSON, WILLIAM	
Address:	2231 ALEXANDER DR	
City-St-Zip:	TITUSVILLE, FL 32796	
Title:	DVC	( ) Delete
Name:	SANDERSON, LEONARD	
Address:	3630 KILLDEER COURT	
City-St-Zip:	WEST MELBOURNE, FL 32904	
Title:	D	( ) Delete
Name:	ROBERTS, CHARLES	
Address:	1800 BARTON BLVD.	
City-St-Zip:	ROCKLEDGE, FL 32955	

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: WILLIAM HOSKINSON DT 01/22/2009

Electronic Signature of Signing Officer or Director — Date