

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000796

FILED
May 04, 2009
Secretary of State

Entity Name: CHRIST COMMUNITY MINISTRIES, INC.

Current Principal Place of Business:

8681 COUNTY RD.
ESTERO, FL 33928 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1080
ESTERO, FL 33928 US

New Mailing Address:

PO BOX 1080
ESTERO, FL 33929 US

FEI Number: 65-0557081 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BUZZARD, ROD E
5311 BUTTE ST.
LEHIGH ACRES, FL 33971 US

Name and Address of New Registered Agent:

GOODMAN, MARK T
17130 WATERS EDGE CIR
N FT MYERS, FL 33917 US

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: MARK T. GOODMAN

05/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BUZZARD, ROD E
Address: PO BOX 1080
City-St-Zip: ESTERO, FL 33928

Title: DST () Delete
Name: MURPHY, ARLINE
Address: PO BOX 1080
City-St-Zip: ESTERO, FL 33928

Title: DVP () Delete
Name: MOTE, RANDY
Address: PO BOX 1080
City-St-Zip: ESTERO, FL 33928

Title: DA () Delete
Name: GOODMAN, MARK T
Address: PO BOX 1080
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GOODMAN, MARK T
Address: PO BOX 1080
City-St-Zip: ESTERO, FL 33929

Title: ST (X) Change () Addition
Name: MOTE, RANDY
Address: PO BOX 1080
City-St-Zip: ESTERO, FL 33929

Title: VP (X) Change () Addition
Name: MURPHY, ARLINE
Address: PO BOX 1080
City-St-Zip: ESTERO, FL 33929

Title: D (X) Change () Addition
Name: SCARDINO, MIKE
Address: PO BOX 1080
City-St-Zip: ESTERO, FL 33929

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: MARK T GOODMAN

P

05/04/2009

Electronic Signature of Signing Officer or Director

Date