2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N99000003044

Entity Name: COORDINATED CHRISTIAN RESPONSE GROUP, INC.

Current Principal Place of Business:

102 EDNEY AVE E
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

102 EDNEY AVE E
CRESTVIEW, FL 32539

New Mailing Address:

FEI Number: 59-3567819 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLARD, MITCHELL
2162 W JAMES LEE BLVD
CRESTVIEW, FL 32536 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: DS ( ) Delete
Name: STRICKLAND, EUGENE
Address: 102 E. EDNEY AVE
City-St-Zip: CRESTVIEW, FL 32539

Title: D ( ) Delete
Name: JOHNSON, JOHN
Address: 4900 ANTIOCH ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: DT ( ) Delete
Name: LIEB, EDGAR J JR
Address: 171 W NORTH AVE
City-St-Zip: CRESTVIEW, FL 32536

Title: DP ( ) Delete
Name: MITCHELL, WILLARD
Address: 2152 W JAMES LEE BLVD
City-St-Zip: CRESTVIEW, FL 32536

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: DP (X) Change ( ) Addition
Name: WILLARD, MITCHELL
Address: 2152 W JAMES LEE BLVD
City-St-Zip: CRESTVIEW, FL 32536

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: EUGENE STRICKLAND DS 04/27/2009

Electronic Signature of Signing Officer or Director — Date