2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000009222

1. Entity Name
CARETAKERS FOR CHRIST, INC.

Principal Place of Business	Mailing Address
2330 NW 93 ST MIAMI, FL 33147	2330 NW 93 ST MIAMI, FL 33147

07072006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, CARL REV
2330 NW 93 ST
MIAMI, FL 33147

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, CARL REV
STREET ADDRESS	2330 NW 93 ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	VD
NAME	BROWN, ANTHONY REV
STREET ADDRESS	2330 NW 93 ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	SD
NAME	DAVIS, VINSON REV
STREET ADDRESS	2330 NW 93 ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	TD
NAME	THOMAS, RANZER REV
STREET ADDRESS	2330 NW 93 ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	D
NAME	SMITH, GASTON REV
STREET ADDRESS	2330 NW 93 ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	D
NAME	LOVETT, LARRY REV
STREET ADDRESS	2330 NW 93 ST
CITY-ST-ZIP	MIAMI, FL 33147

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07/18/06-80008-003 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #