

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000000570

1. Entity Name

COMMUNITY CARE-GIVING MINISTRY, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90164 037 ****61.25

Principal Place of Business

Mailing Address

1128 ROYAL PALM BCH BLVD
PMB 296
ROYAL PALM BEACH FL 33411

1128 ROYAL PALM BCH BLVD
PMB 296
ROYAL PALM BEACH FL 33411-1683
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0564305

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGERS, ERSKINE C III
1803 AUSTRALIAN AVENUE S.
SUITE G
WEST PALM BEACH FL 33409-6459

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DFO** ☐ Delete
NAME **VAN DALEN, KAREN L**
STREET ADDRESS **12 MOHAWK DR.**
CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DADF** ☐ Delete
NAME **HOLMES, MILLIE M**
STREET ADDRESS **11852 54TH STREET NORTH**
CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D~** ☒ Delete
NAME **LOEPER, MARION E**
STREET ADDRESS **11852 54TH STREET NORTH**
CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DED** ☐ Delete
NAME **VAN DALEN, DR. DIRK J**
STREET ADDRESS **12 MOHAWK DR**
CITY-ST-ZIP **ROYAL PALM BCH FL 33411**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/07/2000 (561) 793-1659

CR2E037 (9/99)