2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State
06-24-2002 90297 008 ****61.25

DOCUMENT # N95000000570

1. Entity Name

COMMUNITY CARE-GIVING MINISTRY, INC.

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 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0564305 ☐ Applied For ☐ Not Applicable

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

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

After September 13, 2002, min. will be $236.25.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DFO VAN DALEN, KAREN L 12 MOHAWK DR. ROYAL PALM BEACH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DADF HOLMES, MILLIE M 11852 54TH STREET NORTH ROYAL PALM BCH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DED VAN DALEN, DR. DIRK J 12 MOHAWK DR ROYAL PALM BCH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/02)

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 DR. P. J. VAN DALEN 7/03/02 561-793-1659

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment
REF.
ON 96984

DOCUMENT # N95000000570

1. Entity Name

COMMUNITY CARE-GIVING MINISTRY, INC.

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
1128 ROYAL PALM BEACH BLVD	1128 R.P.B BLVD
Suite, Apt. #, etc.: PMB 296	Suite, Apt. #, etc.: PMB 296
City & State: ROYAL PALM BEACH, FL	City & State: ROYAL PALM BEACH, FL
Zip: 33411 Country: USA	Zip: 33411 Country: USA

4. FEI Number 65-0564305 ☐ Applied For ☐ Not Applicable

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

DO NOT
IN THIS S

8. The above named entity submits this statem

SIGNATURE _____
Signature, typed or printed name of registered

FEE IS $61.25
Initial or Amended UBR

COMMUNITY CARE-GIVING MINISTRY, INC. 03/95
1128 ROYAL PALM BEACH BLVD
P O BOX 296
ROYAL PALM BEACH, FL 33411-1607

1172
63-8735/2670
BRANCH 8

June 18, 2002 DATE

PAY TO THE ORDER OF Dept of State $ 61.25

Sixty One and 25/100 DOLLARS

FIDELITY FEDERAL
SAVINGS BANK OF FLORIDA

FOR 65-0564305

Karen Lee Van Dalen

⑆267087358⑆0060000757840⑈ 1172

© HARLAND

10. OFFICERS AN

TITLE	DFO	TITLE	
NAME	VAN DALEN, KAREN L.	NAME	
STREET ADDRESS	12 MOHAWK DR.	STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	CITY-ST-ZIP	
TITLE	PADF	TITLE	
NAME	HOLMES, MILLIE M.	NAME	
STREET ADDRESS	11952-54TH STREET NORTH	STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	CITY-ST-ZIP	
TITLE	DFD	TITLE	
NAME	VAN DALEN, DR. DIRK J.	NAME	
STREET ADDRESS	12 MOHAWK DR	STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: D. J. VAN DALEN, TH.D. INC 6-18-02 561-793-1659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #