

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90116 044 ****70.00

DOCUMENT # N96000005988

1. Entity Name

CHRIST CARES ALLIANCE CHURCH INC.

Principal Place of Business

Mailing Address

ARLINGTON CENTER. BLDG. B
 6501 ARLINGTON EXPRESSWAY
 JACKSONVILLE FL 32211

ARLINGTON CENTER. BLDG. B
 6501 ARLINGTON EXPRESSWAY
 JACKSONVILLE FL 32211-5779

2. Principal Place of Business

1620 ST. JOHN'S BLUFF ROAD N

3. Mailing Address

1620 ST. JOHN'S BLUFF ROAD N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

4. FEI Number

59-3037712

Applied For

Not Applicable

Zip

32225-8370

Country

USA

Zip

32225-8370

Country

U.S.A.

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

RANOLA, ROTHAPPEL E
7061 PRELLIE ST.
JACKSONVILLE FL 32210

Name

RANOLA, ROTHAPPEL E.

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

8664 Canopy Oaks Drive

City

JACKSONVILLE

FL

Zip Code

32250

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	BUNYI, DANIEL D	5617 FT. SUMTER RD	JACKSONVILLE FL	<input type="checkbox"/>
T	TAPNIO, LYSANDRO D	3264 BRACHENBURY LANE	JACKSONVILLE FL	<input type="checkbox"/>
T	DAGDAYAN, JOSE	12619 BARNBURY CT	JACKSONVILLE FL	<input type="checkbox"/>
T	ARCEO, ERNESTO	3818 MISSION HILLS DR E.	JACKSONVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Additor
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE RANOLA, ROTHAPPEL E. BUNYI

1/20/00

(904) 641-8233

Date

Daytime Phone #