

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State

0012543

DOCUMENT # N96000005988

1. Entity Name

CHRIST CARES ALLIANCE CHURCH INC.

02-22-2001 90130 027 ****70.00

Principal Place of Business

1620 ST. JOHN'S BLUFF ROAD
 JACKSONVILLE FL 32225

Mailing Address

1620 ST. JOHN'S BLUFF ROAD
 JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3037712

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RANOLA, ROTHAPEL E
8664 CANOPY OAKS DRIVE
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

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

TITLE Delete
 NAME **BUNYI, DANIEL D**
 STREET ADDRESS **5617 FT. SUMTER RD**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Delete
 NAME **TAPNIO, LYSANDRO D**
 STREET ADDRESS **3264 BRACHENBURY LANE**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Delete
 NAME **DAGDAYAN, JOSE**
 STREET ADDRESS **12619 BARNBURY CT**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Delete
 NAME **ARCEO, ERNESTO**
 STREET ADDRESS **3818 MISSION HILLS DR E.**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **BEDUA, DANILLO**
 STREET ADDRESS **13352 EGRET KEY LANE**
 CITY-ST-ZIP **Jacksonville, FL 32246**

TITLE Change Addition
 NAME **HILARIO, NOEL**
 STREET ADDRESS **12919 BEAUTY BERRY CIRCLE S.**
 CITY-ST-ZIP **JACKSONVILLE, FL 32246**

TITLE Change Addition
 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 P. BUNYI** 1/14/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)