


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000005988
 1. Entity Name
CHRIST CARES ALLIANCE CHURCH INC.



Principal Place of Business Mailing Address
1620 ST. JOHN'S BLUFF ROAD **1620 ST. JOHN'S BLUFF ROAD**
JACKSONVILLE FL 32225 **JACKSONVILLE FL 32225**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)
 4. FEI Number Applied For
59-3037712 Not Applicable

City & State City & State
 Zip Country Zip Country

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

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

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	BUNYI, DANIEL D	
STREET ADDRESS	5617 FT. SUMTER RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	BEDUA, DANILO	
STREET ADDRESS	13352 EGRET KEY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	T	<input type="checkbox"/> Delete
NAME	HILARIO, NOEL	
STREET ADDRESS	12919 BEAUTY BERRY CIRCLE S	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRUTCHFIELD, LESTER	
STREET ADDRESS	1043 CELEBRANT ST	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 02/11/06-80056-012-77.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

DR. DANIEL P. BUNYI 01/22/06 (904) 641-823