


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 A
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 - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/07)

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 is required when registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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 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** 01/27/08 (904) 641-8233