

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005988

FILED  
Feb 17, 2009  
Secretary of State

Entity Name: CHRIST CARES ALLIANCE CHURCH INC.

**Current Principal Place of Business:**

1620 ST. JOHN'S BLUFF ROAD  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

1620 ST. JOHN'S BLUFF ROAD  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number: 59-3037712

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RANOLA, ROTHAPEL E  
8664 CANOPY OAKS DRIVE  
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: BUNYI, DANIEL D  
Address: 5617 FT. SUMTER RD  
City-St-Zip: JACKSONVILLE, FL

Title: T ( ) Delete  
Name: BEDUA, DANILO  
Address: 13352 EGRET KEY LANE  
City-St-Zip: JACKSONVILLE, FL 32246

Title: T ( ) Delete  
Name: HILARIO, NOEL  
Address: 12919 BEAUTY BERRY CIRCLE S  
City-St-Zip: JACKSONVILLE, FL 32246

Title: T ( ) Delete  
Name: CRUTCHFIELD, LESTER  
Address: 1043 CELEBRANT ST  
City-St-Zip: JACKSONVILLE, FL 32225

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL P. BUNYI

T

02/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date