

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005988

FILED  
Jan 06, 2012  
Secretary of State

**Entity Name:** CHRIST CARES ALLIANCE CHURCH INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

1620 ST. JOHN'S BLUFF ROAD N  
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, ROTHAPPEL 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: MR  
Name: CRUTCHFIELD, LESTER  
Address: 2531 CEDAR TRACE DR W  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MR  
Name: BEDUA, DANILO  
Address: 13352 EGRET KEY LANE  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MRS  
Name: SANTOS, MARIETTA Y  
Address: 12319 SUNCHASE DR  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MR  
Name: VILLANUEVA, LEOPOLDO  
Address: 12356 SHORE ACRES DR  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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 all other like empowered.

SIGNATURE: ROTHAPPEL E. RANOLA

REV

01/06/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date