

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90090 006 \*\*\*\*70.00

**DOCUMENT # N96000005988**



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

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

Mailing Address  
**1620 ST. JOHN'S BLUFF ROAD  
JACKSONVILLE FL 32225**

**90019645**



CHECK HERE IF MAKING CHANGES

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

CR2E037 (10/02)

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 607, 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** DR. DANIEL P. BUNYI (904) 779-5366