2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002705

Entity Name: CHRISTIAN CARE MINISTRY, INC.

FILED May 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

505 N. JOHNS RODES BLVD. 505 N. JOHN RODES BLVD. MELBOURNE, FL 32934 MELBOURNE, FL 32934

Current Mailing Address: New Mailing Address:

P.O. BOX 120099

MELBOURNE, FL 329120099

FEI Number: 59-3556915 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CAMILLI, KEVIN T CFO
505 N. JOHNS RODES BLVD.
MELBOURNE, FL 32934 US

CAMILLI, KEVIN T VP
505 N. JOHN RODES BLVD.
MELBOURNE, FL 32934 US

CAMILLI, KEVIN T VP
505 N. JOHN RODES BLVD.
MELBOURNE, FL 32934 US

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: KEVIN CAMILLI 05/01/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change() Addition

Name: BALDWIN, ROBERT Y CEO
Address: 402 ANCHOR KEY

Name: BALDWIN, ROBERT Y P
Address: 402 ANCHOR KEY

Address: 402 ANCHOR KEY

City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32951

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 CAMILLI, KEVIN T CFO
 Name:
 CAMILLI, KEVIN T VP

 Address:
 460 MOSSWOOD BLVD
 Address:
 460 MOSSWOOD BLVD

 City-St-Zip:
 INDIALANTIC, FL 32903
 City-St-Zip:
 INDIALANTIC, FL 32903

Title: VP () Delete Title: VP (X) Change () Addition
Name: GILLESPIE, JAMES R VP

GILLESPIE, JAMES R VP

Name: GILLESPIE, JAMES R
Address: 441 SANDY KEY

Name: GILLESPIE, JAMES R VP
Address: 441 SANDY KEY

City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete Title: D (X) Change () Addition
Name: CHASE, RICHARD Name: GOSDIN, MALCOLM
Address: 505 N. JOHNS RODES BLVD. Address: 505 N. JOHN RODES BLVD.

Address. 505 N. JOHNS RODES BLVD. Address. 505 N. JOHN RODES BLVD.

City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete Title: D (X) Change () Addition Name: DOUGLAS, MARJORIE Name: DEKKER, HENRY

Address: 505 N. JOHNS RODES BLVD. Address: 505 N. JOHN RODES BLVD.
City-St-Zip: MELBOURNE, FL 32934 City-St-Zip: MELBOURNE, FL 32934

Title: D () Delete Title: D (X) Change () Addition

 Name:
 REINHOLD, E. JOHN
 Name:
 REINHOLD, E. JOHN

 Address:
 505 N. JOHNS RODES BLVD.
 Address:
 505 N. JOHN RODES BLVD.

 City-St-Zip:
 MELBOURNE, FL 32934
 City-St-Zip:
 MELBOURNE, FL 32934

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: KEVIN CAMILLI VP 05/01/2007