2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008
Secretary of State

DOCUMENT# N99000002705

Entity Name: CHRISTIAN CARE MINISTRY, INC.

Current Principal Place of Business:

505 N. JOHN RODES BLVD.
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120099
MELBOURNE, FL 329120099

New Mailing Address:

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

Name and Address of Current Registered Agent:

BALDWIN, ROBERT Y
505 N. JOHN RODES BLVD.
MELBOURNE, FL 32934 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: D ( ) Delete
Name: CRAFT, ROGER
Address: 505 N. JOHN RODES BLVD.
City-St-Zip: MELBOURNE BEACH, FL 32934

Title: D ( ) Delete
Name: CRANK, DAVID
Address: 505 N. JOHN RODES BLVD.
City-St-Zip: MELBOURNE, FL 32934

Title: D ( ) Delete
Name: GOSDIN, MALCOM
Address: 505 N. JOHN RODES BLVD.
City-St-Zip: MELBOURNE BEACH, FL 32934

Title: D ( ) Delete
Name: GOSDIN, MALCOLM
Address: 505 N. JOHN RODES BLVD.
City-St-Zip: MELBOURNE, FL 32934

Title: D ( ) Delete
Name: DEKKER, HENRY
Address: 505 N. JOHN RODES BLVD.
City-St-Zip: MELBOURNE, FL 32934

Title: D ( ) Delete
Name: REINHOLD, E. JOHN
Address: 505 N. JOHN RODES BLVD.
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: GOSDIN, MALCOLM
Address: 505 N. JOHN RODES BLVD.
City-St-Zip: MELBOURNE BEACH, FL 32934

Title: D (X) Change ( ) Addition
Name: TRAYLOR, RAY
Address: 505 N. JOHN RODES BLVD.
City-St-Zip: MELBOURNE, FL 32934

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

Title: D (X) Change ( ) Addition
Name: MEGGS, TONY
Address: 505 N. JOHN RODES BLVD
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: ROBERT BALDWIN P 01/17/2008

Electronic Signature of Signing Officer or Director — Date