2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002705

Entity Name: CHRISTIAN CARE MINISTRY, INC.

FILED Mar 27, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	HN RODES BL NE, FL 32934						
Current Mailing Address:				New Mailing Address:			
P.O. BOX 120099 MELBOURNE, FL 329120099				P.O. BOX 120099 MELBOURNE, FL 32912			
FEI Number: 59-3556915 FEI Number Applied For ()			FEI Number	I Number Not Applicable () Certificate of Status Desired (
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BALDWIN, ROBERT Y 505 N. JOHN RODES BLVD. MELBOURNE, FL 32934 US				BALDWIN, ROBERT Y PRES 505 N. JOHN RODES BLVD. MELBOURNE, FL 32934 US			
The above in the State		submits this statement for the p	urpose of ch	anging i	ts registered	d office or registered agent, or both,	
SIGNATURE: ROBERT BALDWIN				03/27/2009			
	Electron	ic Signature of Registered Age	nt			Date	
OFFICERS AND DIRECTORS:				DITION	S/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CRAFT, ROGEF 505 N. JOHN RO					() Change () Addition	
Title: Name: Address: City-St-Zip:	D () CRANK, DAVID 505 N. JOHN RO MELBOURNE, F					()Change ()Addition	
Title: Name: Address: City-St-Zip:	GOSDIN, MALC 505 N. JOHN RO					() Change () Addition	
Title: Name: Address: City-St-Zip:	D () TRAYLOR, RAY 505 N. JOHN RO MELBOURNE, F	DDES BLVD.				() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DEKKER, HENF 505 N. JOHN RO MELBOURNE, F	DDES BLVD.				() Change () Addition	
Title: Name:	D () MEGGS, TONY	Delete	Title Nan Add		GUYETTE, L	(X) Change () Addition AWRENCE	

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.

City-St-Zip: MELBOURNE, FL 32934

SIGNATURE: ROBERT BALDWIN P 03/27/2009

City-St-Zip: MELBOURNE, FL 32934