2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Feb 09, 2012
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
W. MELBOURNE, FL 32912

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:

MEGGS, TONY PRES
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: P
Name: MEGGS, TONY
Address: 505 N. JOHN RODES BLVD.
City-St-Zip: MELBOURNE BEACH, FL 32934

Title: S VP
Name: GUYETTE, LAWRENCE
Address: 505 N. JOHN RODES BLVD.
City-St-Zip: MELBOURNE, FL 32934

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

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

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

Title: D
Name: COLLINS, COBY
Address: 505 N.JOHN RODES BLVD
City-St-Zip: MELBOURNE, FL 32934

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: TONY MEGGS P 02/09/2012

Electronic Signature of Signing Officer or Director — Date