

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005988

**FILED**  
**Jan 10, 2015**  
**Secretary of State**  
**CC9799540290**

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

**Current Principal Place of Business:**

1620 ST. JOHN'S BLUFF ROAD N  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

1620 ST. JOHN'S BLUFF ROAD N  
JACKSONVILLE, FL 32225

**FEI Number: 59-3037712**

**Certificate of Status Desired: Yes**

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MR  
Name CRUTCHFIELD, LESTER  
Address 2531 CEDAR TRACE DR W  
City-State-Zip: JACKSONVILLE FL 32246

Title MRS  
Name GINA, MONTE R  
Address 4504 CAPITAL DOME DR  
City-State-Zip: JACKSONVILLE FL 32246

Title MRS  
Name SANTOS, MARIETTA Y  
Address 12319 SUNCHASE DR  
City-State-Zip: JACKSONVILLE FL 32246

Title MR  
Name DIZON, ALEJANDRO DR.  
Address 12946 MANDARIN RD.  
City-State-Zip: JACKSONVILLE FL 32223

Title REV  
Name RANOLA, ROTHAPEL E  
Address 8664 CANOPY OAKS DRIVE  
City-State-Zip: JACKSONVILLE FL 32256

*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: REV. ROTHAPEL E RANOLA**

**PASTOR**

**01/10/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date