# 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: ROTHAPEL RANOLA

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# N96000005988

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

# 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

### Officer/Director Detail :

Title	VC	Title	TREASURER
Name	CRUTCHFIELD, LESTER	Name	SANTOS, MARIETTA Y
Address	2211 LUANA DR E	Address	12319 SUNCHASE DR
City-State-Zip:	JACKSONVILLE FL 32246	City-State-Zip:	JACKSONVILLE FL 32246
Title	ELDER	Title	PASTOR / CHAIRMAN
Name	DIZON, ALEJANDRO DR.	Name	RANOLA, ROTHAPEL E
Address	12946 MANDARIN RD.	Address	8664 CANOPY OAKS DRIVE
City-State-Zip:	JACKSONVILLE FL 32223	City-State-Zip:	JACKSONVILLE FL 32256
Title	DEACONESS		
Name	LACTAOEN, YOLANDA		
Address	1620 ST. JOHN'S BLUFF ROAD N		
City-State-Zip:	JACKSONVILLE FL 32225		

SR. PASTOR / CHAIRMAN 01/27/2022

## FILED Jan 27, 2022 Secretary of State 4764798359CC

Date

Certificate of Status Desired: Yes

Date