

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# N99000002705

Entity Name: CHRISTIAN CARE MINISTRY, INC.

Current Principal Place of Business:

4150 W. EAU GALLIE BLVD
MELBOURNE, FL 32934

Current Mailing Address:

P.O. BOX 120099
W. MELBOURNE, FL 32912

FEI Number: 59-3556915

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LAWRENCE, FITZGERALD
4150 W. EAU GALLIE BLVD.
MELBOURNE, FL 32934 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: FITZGERALD LAWRENCE

06/30/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title BOARD CHAIRMAN, PRESIDENT
Name GOSDIN, MALCOLM
Address 4150 W. EAU GALLIE BLVD
City-State-Zip: MELBOURNE FL 32934

Title DIRECTOR
Name TRAYLOR, RAY
Address 4150 W EAU GALLIE BLVD.
City-State-Zip: MELBOURNE FL 32934

Title EXECUTIVE VICE PRESIDENT
Name SOH, CHU
Address 4150 W EAU GALLIE BLVD.
City-State-Zip: MELBOURNE FL 32934

Title BOARD SECRETARY
Name STOBAUGH, JAMES
Address 4150 W EAU GALLIE BLVD.
City-State-Zip: MELBOURNE FL 32934

Title TREASURER, EXECUTIVE VICE
PRESIDENT
Name CAROTHERS, HOLLY
Address 4150 W EAU GALLIE BLVD.
City-State-Zip: MELBOURNE FL 32934

Title DIRECTOR
Name METCALF, DAVID
Address 4150 W EAU GALLIE BLVD.
City-State-Zip: MELBOURNE FL 32934

Title BOARD VICE CHAIRMAN
Name CRANK, DAVID
Address 4150 W EAU GALLIE BLVD.
City-State-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: CAROTHERS, HOLLY

TREASURER, EXECUTIVE VICE PRESIDENT 06/30/2016

Electronic Signature of Signing Officer/Director Detail

Date