

2015 FLORIDA NOT FOR PROFIT CORPORATION 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:

MEGGS, TONY PRES
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name MEGGS, TONY
Address 4150 W. EAU GALLIE BLVD
City-State-Zip: MELBOURNE FL 32934

Title S VP
Name CAROTHERS, HOLLY
Address 4150 W EAU GALLIE BLVD.
City-State-Zip: MELBOURNE FL 32934

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

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

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

Title VP
Name SOH, CHU
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: TONY MEGGS

PRESIDENT

03/11/2015

Electronic Signature of Signing Officer/Director Detail

Date