2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2025
Secretary of State
3967710598CC

DOCUMENT# N99000002705

Entity Name: CHRISTIAN CARE MINISTRY, INC.

Current Principal Place of Business:

4150 W. EAU GALLIE BLVD
MELBOURNE, FL 32934

Current Mailing Address:

4150 W. EAU GALLIE BLVD
MELBOURNE, FL 32934 US

FEI Number: 59-3556915

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	DIRECTOR
Name	LIPPS, BOB
Address	160 SPUR RIDGE COURT
City-State-Zip:	HEALDSBURG CA 95448

Title	DIRECTOR
Name	METCALF, DAVID
Address	1370 GRAND CAYMAN DR
City-State-Zip:	MERRITT ISLAND FL 32952

Title	DIRECTOR
Name	MORATIN, EDDY
Address	529 KITTREDGE DR
City-State-Zip:	ORLANDO FL 32934

Title	DIRECTOR
Name	WOODS, JONATHAN
Address	15 AIRLIE LN
City-State-Zip:	SIMPSONVILLE SC 29681

Title	DIRECTOR
Name	GIBBS, DAVID
Address	19810 GULF BLVD.
City-State-Zip:	INDIAN SHORES FL 33785

Title	DIRECTOR
Name	CUMMINGS, DES
Address	922 WEST PARK DR,
City-State-Zip:	CELEBRATION FL 34747

Title	DIRECTOR
Name	MOSER, JEREMY
Address	JEREMY MOSER 55 FAIR DR,
City-State-Zip:	COSTA MESA CA 92626

Title	PRESIDENT, CHAIRMAN, SECRETARY, CEO
Name	TURNER, JOSEPH
Address	915 W. IMPERIAL HWY SUITE 120
City-State-Zip:	BREA CO 92821

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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: JOSEPH TURNER PRESIDENT 03/10/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	TREASURER
Name	LAUE, VONNA
Address	115 HORBEAM DR,
City-State-Zip:	LAKE FREDERICK VA 22630

Title	CHIEF LEGAL OFFICER
Name	BELL, TRICIA
Address	4150 W. EAU GALLIE BLVD
City-State-Zip:	MELBOURNE FL 32934

Title	DIRECTOR
Name	ARIZA, WILSON
Address	2690 REGAL PINE TRAIL,
City-State-Zip:	OVIEDO FL 32766

Title	CFO
Name	JOOS, MARK
Address	4150 W EAU GALLIE BLVD
City-State-Zip:	MELBOURNE FL 32934