

2022 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 US**FEI Number:** 59-3556915**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
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	BOARD CHAIRMAN
Name	TURNER, JOSEPH
Address	4150 W. EAU GALLIE BLVD
City-State-Zip:	MELBOURNE FL 32934

Title	VP, CONTROLLER
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	CEO
Name	REDDIG, SCOTT
Address	4150 W. EAU GALLIE BLVD
City-State-Zip:	MELBOURNE FL 32934

Title	COO, EVP
Name	HARVATH, BRANDON
Address	4150 W EAU GALLIE BLVD.
City-State-Zip:	MELBOURNE FL 32934

Title	CFO, EVP
Name	JOOS, MARK
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: HOLLY CAROTHERS

VP, CONTROLLER

03/14/2022

Electronic Signature of Signing Officer/Director Detail_____
Date