

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000086

FILED  
Apr 25, 2005  
Secretary of State

**Entity Name:** CHRIST CARE MINISTRIES, INC., REFUGEE & IMMIGRATION SERVICES

**Current Principal Place of Business:**

3809 N. ANDREWS AVENUE  
FORT LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3809 N. ANDREWS AVENUE  
FORT LAUDERDALE, FL 33309

**New Mailing Address:**

**FEI Number:** 65-1011939

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAXIME, KEDNER  
3809 N. ANDREWS AVENUE  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MAXIME, KEDNER  
Address: 120 N.W. 43RD AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: D ( ) Delete  
Name: FRADIN, DAVID  
Address: 3809 N ANDREWS AVE  
City-St-Zip: OAKLAND PARK, FL 33309

Title: D ( ) Delete  
Name: MAXIME, DURANA  
Address: 120 NW 43RD STREET  
City-St-Zip: FORT LAUDERDALE, FL 33309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MAXIME, WEINER  
Address: 120 N ANDREWS  
City-St-Zip: OAKLAND PARK, FL 33309

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEDNER MAXIME

D

04/25/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date