

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90424 043 ****61.25

DOCUMENT # N00000000086

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



Principal Place of Business
**3809 N. ANDREWS AVENUE
FORT LAUDERDALE, FL 33309**

Mailing Address
**3809 N. ANDREWS AVENUE
FORT LAUDERDALE, FL 33309**

40076932



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

65-1011939

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Signature typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MAXIME, KEDNER
120 N.W. 43RD AVE.
FORT LAUDERDALE, FL 33309** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAXIME, WEINER
120 N ANDREWS
OAKLAND PARK, FL 33309** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MAXIME, DURANA
120 NW 43RD STREET
FORT LAUDERDALE, FL 33309** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Signature typed or printed name of signing officer or director)

Kedner Maxime

Date

Daytime Phone #

4-25-06 954-804-3595