

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N01000001255**

1. Entity Name  
**CARING FOR OTHERS MINISTRIES, INC.**



Principal Place of Business  
**504 PALM AVENUE  
WINTER GARDEN, FL 34787**

Mailing Address  
**504 PALM AVENUE  
WINTER GARDEN, FL 34787**



05012007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3706052**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**AGOSTO, RAUL  
504 PALM AVENUE  
WINTER GARDEN, FL 34787**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME AGOSTO, RAUL  
STREET ADDRESS 320 REGAL DOWNS CIR  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE S  
NAME BONET, EVA  
STREET ADDRESS 4210 DORWOOD DR.  
CITY-ST-ZIP ORLANDO, FL 32818

TITLE TD  
NAME AGOSTO, JULIA R  
STREET ADDRESS 320 REGAL DOWNS CIRCLE  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE D  
NAME AGOSTPO, JACQUELINE  
STREET ADDRESS 320 REGAL DOWN CIRCLE  
CITY-ST-ZIP WINTER GARDEN, FL 34787

TITLE AD  
NAME LUIS, BONET  
STREET ADDRESS 4210 DORWOOD DR  
CITY-ST-ZIP ORLANDO, FL 32818

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000760664  
05/25/07-80018-014 70.00

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IN THIS SPACE**

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: *Daniel Agost* 5-1-07 407-797-0211  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #