2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2009
Secretary of State

DOCUMENT# N01000001255

Entity Name: CARING FOR OTHERS MINISTRIES, INC.

Current Principal Place of Business:

504 PALM AVENUE
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

504 PALM AVENUE
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number: 59-3706052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AGOSTO, RAUL
504 PALM AVENUE
WINTER GARDEN, FL 34787 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: PD ( ) Delete
Name: AGOSTO, RAUL
Address: 320 REGAL DOWNS CIR
City-St-Zip: WINTER GARDEN, FL 34787

Title: S ( ) Delete
Name: BONET, EVA
Address: 4210 DORWOOD DR.
City-St-Zip: ORLANDO, FL 32818

Title: TD ( ) Delete
Name: AGOSTO, JULIA R
Address: 320 REGAL DOWNS CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: AGOSTPO, JACQUELINE
Address: 320 REGAL DOWN CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: AD ( ) Delete
Name: LUIS, BONET
Address: 4210 DORWOOD DR
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change ( ) Addition
Name: AGOSTO, JACQUELINE
Address: 320 REGAL DOWN CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RAÚL AGOSTO PD 07/11/2009
Electronic Signature of Signing Officer or Director — Date