

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001255

FILED
Jan 24, 2011
Secretary of State

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)

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: P
Name: AGOSTO, RAUL
Address: 320 REGAL DOWNS CIR
City-St-Zip: WINTER GARDEN, FL 34787

Title: A
Name: RIVERA, DAVID
Address: 914 WILSON RIDGE DR, APT # 1725
City-St-Zip: ORLANDO, FL 32818

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

Title: D
Name: AGOSTO, JACQUELINE
Address: 720 BURCH AVE.
City-St-Zip: WINTER GARDEN, FL 34787

Title: S
Name: HERRERA, IRMA
Address: 111 S. HIGHLAND AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: T
Name: MATA, LISA
Address: 111 S. HIGHLAND AVE
City-St-Zip: WINTER GARDEN, FL 34787

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: RAUL AGOSTO

P

01/24/2011

Electronic Signature of Signing Officer or Director

Date