


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90126 029 ****61.25

DOCUMENT # N01000004454			
1. Entity Name PASTORAL CARE FOUNDATION, INC.		Principal Place of Business 1021 NW 108TH AVENUE PLANTATION FL 33322	
2. Principal Place of Business - No P.O. Box # 102 Blowing Rock Lane Suite, Apt. #, etc.		3. Mailing Address 102 Blowing Rock Lane Suite, Apt. #, etc.	
City & State CARY NC		City & State CARY NC	
Zip 27518	Country USA	Zip 27518	Country USA
6. Name and Address of Current Registered Agent CHALNICK, REV. ROBERT I 1021 NW 108TH AVENUE PLANTATION FL 33322		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reappointing)	



1st MOORE CR2E037 (10/07)

4. FEI Number 65-1116214	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	BUER-HUGHES, JAYNE 3910 INVERRARY BLVD. FT. LAUDERDALE FL 33319	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	LIGHT, REV BETTE 658 NIGHTHAWK CIRCLE WINTER SPRINGS FL 32752	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	DARIUS, JEAN 600 SE 3RD AVENUE FT. LAUDERDALE FL 33319	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	CHALNICK, ROBERT I 1021 NW 108 AVENUE PLANTATION FL 33322	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	102 Blowing Rock Lane CARY NC 27518
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert I Chalnck* *ROBERT I CHALNICK*