

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000009222

FILED
Oct 20, 2004
Secretary of State**Entity Name:** CARETAKERS FOR CHRIST, INC.**Current Principal Place of Business:**2330 NW 93 ST
MIAMI, FL 33147**New Principal Place of Business:****Current Mailing Address:**2330 NW 93 ST
MIAMI, FL 33147**New Mailing Address:****FEI Number:** **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JOHNSON, CARL REV
2330 NW 93 ST
MIAMI, FL 33147 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: JOHNSON, CARL REV
Address: 2330 NW 93 ST
City-St-Zip: MIAMI, FL 33147**Title:** VD () Delete
Name: BROWN, ANTHONY REV
Address: 2330 NW 93 ST
City-St-Zip: MIAMI, FL 33147**Title:** SD () Delete
Name: DAVIS, VINSON REV
Address: 2330 NW 93 ST
City-St-Zip: MIAMI, FL 33147**Title:** TD () Delete
Name: THOMAS, RANZER REV
Address: 2330 NW 93 ST
City-St-Zip: MIAMI, FL 33147**Title:** D () Delete
Name: SMITH, GASTON REV
Address: 2330 NW 93 ST
City-St-Zip: MIAMI, FL 33147**Title:** D () Delete
Name: LOVETT, LARRY REV
Address: 2330 NW 93 ST
City-St-Zip: MIAMI, FL 33147**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:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARL JOHNSON

PD

10/20/2004

Electronic Signature of Signing Officer or Director

Date