

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000009222

1. Entity Name
CARETAKERS FOR CHRIST, INC.



Principal Place of Business

**2330 NW 93 ST
MIAMI, FL 33147**

Mailing Address

**2330 NW 93 ST
MIAMI, FL 33147**

DO NOT WRITE IN THIS SPACE



07142005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**JOHNSON, CARL REV
2330 NW 93 ST
MIAMI, FL 33147**

**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 September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

**1000000374639
07/27/05-80001-008 61.25**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, CARL REV
STREET ADDRESS	2330 NW 93 ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	VD
NAME	BROWN, ANTHONY REV
STREET ADDRESS	2330 NW 93 ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	SD
NAME	DAVIS, VINSON REV
STREET ADDRESS	2330 NW 93 ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	TD
NAME	THOMAS, RANZER REV
STREET ADDRESS	2330 NW 93 ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	D
NAME	SMITH, GASTON REV
STREET ADDRESS	2330 NW 93 ST
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	D
NAME	LOVETT, LARRY REV
STREET ADDRESS	2330 NW 93 ST
CITY-ST-ZIP	MIAMI, FL 33147

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #