

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010838

FILED
Feb 07, 2012
Secretary of State

Entity Name: CARE FOR PASTORS, INC.

Current Principal Place of Business:

26736 US HWY 27 S
SUITE 202
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

26736 US HWY 27 S
SUITE 202
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 16-1734362 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COOK, RONALD D
26736 US HWY 27 S
SUITE 202
LEESBURG, FL 34748 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: COOK, RONALD D
Address: 5000 EL DESTINO DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: D
Name: HARLING, JOHN
Address: 1410 FLORADEL AVE
City-St-Zip: LEESBURG, FL 34748

Title: D
Name: CONNOR, JEFF
Address: 28026 PRICE ROAD
City-St-Zip: OKAHUMPKA, FL 34762

Title: D
Name: PICI, JOSEPH
Address: 2775 CABERNET CR
City-St-Zip: OCOEE, FL 34761

Title: D
Name: FOWLER, SHIRLEY
Address: PO BOX 217
City-St-Zip: DADE CITY, FL 33526

Title: D
Name: DAMON, PAUL
Address: 8585 BROWER LAKE RD NE
City-St-Zip: ROCKFORD, MI 49341

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: RONALD D COOK

PRES

02/07/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date