


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000004116
 1. Entity Name
 AMERICA CARE RELIEF MINISTRIES INC



Principal Place of Business Mailing Address
 4007 BROADWAY 4007 BROADWAY
 WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407

DO NOT WRITE IN THIS SPACE



04102008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
 73-1727329 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NOEL, MARIA M
 4007 BROADWAY
 WEST PALM BEACH, FL 33407

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000292949
 04/29/08-00019-004 01.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NOEL, MARIE M
STREET ADDRESS	860 WEST JASMINE DR
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	D
NAME	HOLLAND, WILLIAM JR
STREET ADDRESS	535-17 STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	SAINTILUS, ANTOINE
STREET ADDRESS	416 CRESCENT DRIVE
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	D
NAME	NOEL, GIMMY
STREET ADDRESS	4007 BROADWAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	ANDRE, GUY
STREET ADDRESS	1779 JOG ROAD, APT. 203
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Marie M Noel 4-10-08 561-502-9483

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #