

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 4007 BROADWAY WEST PALM BEACH, FL 33407	Mailing Address 4007 BROADWAY WEST PALM BEACH, FL 33407



04102008 No Chg-NP CR2E037 (4/06)

4. FEI Number 73-1727329	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NOEL, MARIA M 4007 BROADWAY WEST PALM BEACH, FL 33407	DO NOT WRITE IN THIS SPACE
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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**

000000898949
04/28/08-00019-004 01.25

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

**DO NOT WRITE
IN THIS SPACE**

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 #