

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004116

FILED
Mar 23, 2010
Secretary of State

Entity Name: AMERICA CARE RELIEF MINISTRIES INC

Current Principal Place of Business:

4007 BROADWAY
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

4007 BROADWAY
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 73-1727329

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOEL, MARIE M
4007 BROADWAY
WEST PALM BEACH, FL 33407 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: MRS.
Name: NOEL, MARIE M
Address: 860 WEST JASMINE DR
City-St-Zip: LAKE PARK, FL 33403

Title: MR.
Name: HOLLAND, WILLIAM JR
Address: 535-17 STREET
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MR.
Name: SAINTILUS, ANTOINE
Address: 416 CRESCENT DRIVE
City-St-Zip: LAKE PARK, FL 33403

Title: MR.
Name: NOEL, GIMMY
Address: 4007 BROADWAY
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MR.
Name: ANDRE, GUY
Address: 1779 JOG ROAD, APT. 203
City-St-Zip: WEST PALM BEACH, FL 33411

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: MARIE M NOEL

DIR

03/23/2010

Electronic Signature of Signing Officer or Director

Date