

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004116

FILED  
Apr 30, 2011  
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 NOEL

RA

04/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date