## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000000200

FILED May 05, 2010 Secretary of State

Entity Name: CARING AND SHARING MINISTRY INC.

Current Principal Place of Business: New Principal Place of Business:

847 NW WILSON STREET 809 N E ABREDEEN AVE LAKE CITY, FL 32055 LAKE CITY, FL 32055

Current Mailing Address: New Mailing Address:

847 NW WILSON STREET P. O. BOX 3382 LAKE CITY, FL 32055 LAKE CITY, FL 32056

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HENRY, GWENDOLYN A ALLEN, GWENDOLYN D
847 NW WILSON STREET 809 N E ABREDEEN AVE
LAKE CITY, FL 32055 US LAKE CITY, FL 32055 US

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: GWENDOLYN D. ALLEN 05/05/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: S

Name: ALSTON, WANDA L Address: 708 N.W. WILSON ST City-St-Zip: LAKE CITY, FL 32055

Title: F

Name: ALLEN, GWENDOLYN D Address: 809 N E ABREDEEN AVE City-St-Zip: LAKE CITY, FL 32055

Title: D

Name: JACKSON, VALENTINE
Address: 1728 N.W. MOORE ROAD
City-St-Zip: LAKE CITY, FL 32055

Title: [

Name: HENRY, AMIE L

Address: 2725 YORK TOWN AVE City-St-Zip: ALBANY, GA 31705

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: GWENDOLYN D. ALLEN P 05/05/2010