

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90039 001 ****61.25

05-11-2007 90039 002 *****8.75

66014375



DOCUMENT # N07715 1. Entity Name CHRISTIAN CARE CENTER, INC.					
Principal Place of Business 220 NORTH 13TH STREET LEESBURG, FL 34748 US			Mailing Address 220 NORTH 13TH STREET LEESBURG, FL 34748 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
4. FEI Number 59-2790823				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AYRIS, ART A 220 N 13TH ST LEESBURG, FL 34748			7. Name and Address of New Registered Agent Name <u>Jennifer Thomas</u> Street Address (P.O. Box Number is Not Acceptable) <u>220 N. 13th St</u> City <u>Leesburg</u> <u>FL</u> Zip Code <u>34748</u>		
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 <u>Jennifer Thomas</u> <u>Executive Director</u> <u>3/1/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		-9- Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MICHAEL, JOHN D 33907 OVERTON DR LEESBURG, FL 37788		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Leesburg, FL 34788</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOGAN, JACK 32637 WHITNEY RD LEESBURG, FL 34748		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CODISPOTI, JOE 10230 BARRINGTON CT LEESBURG, FL 347883545		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, ANNA LEE 1320 LEE CT LEESBURG, FL 34788		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>John D Michael</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>03/01/07</u> <small>Date Daytime Phone #</small>		



Meeting Needs,
Sharing Christ

ATTACHMENT CHRISTIAN CARE CENTER

MEN'S RESIDENCE • WOMEN'S CARE CENTER • CHILDREN'S SHELTER • RESIDENTIAL GROUP HOME
PREGNANCY CARE CENTER • BENEVOLENCE MINISTRY

106014375
#N07715

March 1, 2007

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

RE: Certificate of Status – Christian Care Center, Inc. N07715

To Whom It May Concern:

Please send a Certificate of Status for Christian Care Center, Inc. as soon as possible. I have attached a check in the amount of \$8.75 to cover this expense. If you have any questions please call Norma Hawkins at 352-314-8733.

Sincerely,

Jennifer Thomas
Executive Director

JT:nlh