

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90259 001 *****8.75

03-13-2008 90259 002 *****61.25

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 # 115 North 13th Street		3. Mailing Address 115 North 13th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Leesburg, FL		City & State Leesburg, FL		4. FEI Number 59-2790823	
Zip 34748		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, JENNIFER 220 N 13TH ST LEESBURG, FL 34748				7. Name and Address of New Registered Agent Name Jack Logan Street Address (P.O. Box Number is Not Acceptable) 32627 Whitney Rd. City Leesburg FL Zip Code 34748	
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><i>Jack L. Logan President</i></u> DATE <u>3-11-08</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, 2008		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 34788	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Logan, Jack 32637 Whitney Rd. Leesburg, FL 34748
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOGAN, JACK 32637 WHITNEY RD LEESBURG, FL 34748	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Freitag, Larry P.O. Box 459 Fruitland Park, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CODISPOTI, JOE 10230 BARRINGTON CT LEESBURG, FL 347883545	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Harper, Rick 36526 Tripp Ct. Fruitland Park, FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, ANNA LEE 1320 LEE CT LEESBURG, FL 34788	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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><i>Jack L. Logan President</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>3-11-08</u> <u>352-728-3973</u> <small>Date Daytime Phone #</small>	