

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000001425

FILED
Apr 15, 2011
Secretary of State

Entity Name: IT'S ABOUT CARE MINISTRIES, INC.

Current Principal Place of Business:

2600 ORANGE CENTER BLVD
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

462 KNIGHTSWOOD DRIVE
APOPKA, FL 32712

New Mailing Address:

462 KNIGHTSWOOD DR
APOPKA, FL 32712

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, HERMAN L PRESIDE
462 KNIGHTSWOOD DRIVE
APOPKA, FL, FL 32712 US

Name and Address of New Registered Agent:

DAVIS, HERMAN L PRESIDE
462 KNIGHTSWOOD DRIVE
APOPKA,, FL 32712 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:

04/15/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DAVIS, HERMAN L SR.
Address: 462 KNIGHTSWOOD DRIVE
City-St-Zip: APOPKA, FL 32712

Title: VP
Name: HAMPTON, EDREWNAE N
Address: P.O BOX 161581
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: DIR
Name: WALKER, AMY
Address: 2600 ORANGE CENTER BLV
City-St-Zip: ORLANDO, FL 32805

Title: DIR
Name: BATES, RUSSELL W SR.
Address: 2600 ORANGE CENTER BLVD
City-St-Zip: ORLANDO, FL 32805

Title: DIR
Name: DAVIS, HERMAN L JR.
Address: PO BOX 161581
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

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: HERMAN L. DAVIS

MR.

04/15/2011

Electronic Signature of Signing Officer or Director

Date