

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000009935

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Entity Name:** COMMUNITY AID AND RELIEF CORPORATION

**Current Principal Place of Business:**

203 WEST D BLVD  
BLDG 351, SUITE 210  
EGLIN AFB, FL 32542 US

**New Principal Place of Business:**

**Current Mailing Address:**

203 WEST D BLVD  
BLDG 351, SUITE 210  
EGLIN AFB, FL 32542 US

**New Mailing Address:**

**FEI Number:** 37-1612606

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEILSTEIN, JOHN R  
203 WEST D BLVD  
BLDG 351, SUITE 210  
EGLIN AFB, FL 32547 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:** P  
**Name:** BEILSTEIN, JOHN R  
**Address:** 203 WEST D AVE  
**City-St-Zip:** EGLIN AFB, FL 32547 US

**Title:** VP  
**Name:** JONES, MICHAEL  
**Address:** 203 WEST D AVE  
**City-St-Zip:** EGLIN AFB, FL 32547 US

**Title:** CFO  
**Name:** DUNCAN, MATTHEW  
**Address:** 203 WEST D AVE  
**City-St-Zip:** EGLIN AFB, FL 32547 US

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:** JOHN BEILSTEIN

PRES

03/15/2011

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

\_\_\_\_\_  
Date