


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N41439**

1. Entity Name  
**CARE MINISTRIES, INC.**



Principal Place of Business <b>C/O YANCEY F. LANGSTON          4801 NORTH DAVIS HWY          PENSACOLA, FL 32503</b>	Mailing Address <b>C/O YANCEY F. LANGSTON          4801 NORTH DAVIS HWY          PENSACOLA, FL 32503</b>
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**DO NOT WRITE IN THIS SPACE**



01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-3046490</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LANGSTON, YANCEY F.  
 220 W GARDEN ST.  
 9TH FLOOR  
 PENSACOLA, FL 32501**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, JEAN 4801 N DAVIS HWY. PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMINGWAY, TOM DR 5890 LEESWAY BLVD PENSACOLA, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHILDRESS, LINDA 6132 SAUFLEY PINES RD PENSACOLA, FL 32526
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000013180  
 01/26/04-80043-010 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Jean Dunn Jean Dunn 1-14-04 850-477-5812  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Box 6198