


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90013 011 ****61.25

DOCUMENT # N41439

1. Entity Name
CARE MINISTRIES, INC.



Principal Place of Business
**C/O YANCEY F. LANGSTON
 4801 NORTH DAVIS HWY
 PENSACOLA, FL 32503**

Mailing Address
**C/O YANCEY F. LANGSTON
 4801 NORTH DAVIS HWY
 PENSACOLA, FL 32503**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

02242006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3046490

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DUNN, JEAN	
STREET ADDRESS	4801 N DAVIS HWY.	
CITY-ST-ZIP	PENSACOLA, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEMINGWAY, TOM DR	
STREET ADDRESS	5890 LEESWAY BLVD	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHILDRESS, LINDA	
STREET ADDRESS	6132 SAUFLEY PINES RD	
CITY-ST-ZIP	PENSACOLA, FL 32526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Donald A Petersen	
STREET ADDRESS	1956 Joshua Dr	
CITY-ST-ZIP	Pensacola, FL 32526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jeann Dunn **2/28/06** **(850) 497-5812**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #