

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41439

FILED
Apr 22, 2009
Secretary of State

Entity Name: CARE MINISTRIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3046490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGSTON, YANCEY F.
220 W GARDEN ST.
9TH FLOOR
PENSACOLA, FL 32501 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: D () Delete
Name: DUNN, JEAN
Address: 4801 N DAVIS HWY.
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: COLELLO, SHARON
Address: 423 SCHUBERT DR
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: CHILDRESS, LINDA
Address: 6132 SAUFLEY PINES RD
City-St-Zip: PENSACOLA, FL 32526

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DUNN, JEAN
Address: 4801 N DAVIS HWY.
City-St-Zip: PENSACOLA, FL 32501 US

Title: D (X) Change () Addition
Name: COLELLO, SHARON
Address: 423 SCHUBERT DR
City-St-Zip: PENSACOLA, FL 32504 US

Title: D (X) Change () Addition
Name: CHILDRESS, LINDA
Address: 6132 SAUFLEY PINES RD
City-St-Zip: PENSACOLA, FL 32526 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEAN DUNN

DIR

04/22/2009

Electronic Signature of Signing Officer or Director

Date