

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004243

1. Entity Name

CARING MINISTRIES FELLOWSHIP, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90014 008 ****61.25

Principal Place of Business	Mailing Address
1415 COLONIAL BLVD. #2 FORT MYERS FL 33901 US	1415 COLONIAL BLVD. #2 FORT MYERS FL 33912-1288 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
10994 METRO PKWY Suite, Apt. #, etc. #3 City & State FORT MYERS Zip 33912 Country LEE		10994 METRO PKWY Suite, Apt. #, etc. #3 City & State FORT MYERS Zip 33912 Country LEE	

4. FEI Number	05-0014307	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, ROBERT E
 1415 COLONIAL BLVD.
 #2
 FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name: ROBERT E WILLIAMS
 Street Address (P.O. Box Number is Not Acceptable): 10994 METRO PARKWAY
 A3
 City: FORT MYERS FL Zip Code: 33912

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.

SIGNATURE: ROBERT E WILLIAMS *Robert Williams* 4/26/2000
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ROBERT E	NAME	
STREET ADDRESS	535 HANCOCK BRIDGE PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BETTY J	NAME	
STREET ADDRESS	535 HANCOCK BRIDGE PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUEBNER, HARLD F	NAME	
STREET ADDRESS	2150 GRACE AVE	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAZEN, ROBERT	NAME	
STREET ADDRESS	5749 PALM BEACH BLVD #347	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHAIR, PATRICIA	NAME	
STREET ADDRESS	4944 CLEVELAND #D43	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Robert Williams* ROBERT E WILLIAMS 4/26/2000 941-936-5350
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)