

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004243

FILED
Apr 20, 2004
Secretary of State**Entity Name:** CARING MINISTRIES FELLOWSHIP, INC.**Current Principal Place of Business:**2423 E. MALL DR.
FORT MYERS, FL 33901 US**New Principal Place of Business:****Current Mailing Address:**PO BOX 61358
FORT MYERS, FL 33906 US**New Mailing Address:****FEI Number:** 05-0014307**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WILLIAMS, ROBERT E
10994 METRO PKWY
#3
FORT MYERS, FL 33912 US**Name and Address of New Registered Agent:**WILLIAMS, ROBERT E
535 HANCOCK BRIDGE PKWY
CAPE CORAL, FL 33990 US

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:

04/20/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** D () Delete
Name: HOWE, FRANCES
Address: 2674 WINKLER AVE. APT. 409
City-St-Zip: FORT MYERS, FL 33901**Title:** D () Delete
Name: WILLIAMS, BETTY J
Address: 535 HANCOCK BRIDGE PARKWAY
City-St-Zip: CAPE CORAL, FL**Title:** D () Delete
Name: HUEBNER, HARLD F
Address: 2150 GRACE AVE
City-St-Zip: FT MYERS, FL**Title:** D () Delete
Name: HAZEN, ROBERT
Address: 5749 PALM BEACH BLVD #347
City-St-Zip: FT MYERS, FL**Title:** D () Delete
Name: WHITEHAIR, PATRICIA
Address: 4944 CLEVELAND #D43
City-St-Zip: FT MYERS, FL**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D () Change (X) Addition
Name: HOUSER, SHIRLEY S
Address: 432 MILPORT ST NW
City-St-Zip: PORT CHARLOTTE, FL 33948 CH

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT E WILLIAMS

PRES

04/20/2004

Electronic Signature of Signing Officer or Director

Date