## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000004243

Entity Name: CARING MINISTRIES FELLOWSHIP, INC.

Apr 26, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2423 E. MALL DR.

FORT MYERS, FL 33901 US

**Current Mailing Address: New Mailing Address:** 

PO BOX 61358 2423 E MALL DR

FORT MYERS, FL 33906 US FORT MYERS, FL 33901 US

FEI Number: 05-0014307 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

WILLIAMS, ROBERT E WILLIAMS, ROBERT E PRES 535 HANCOCK BRIDGE PKWY 2427 E MALL DRIVE

CAPE CORAL, FL 33990 #429 FORT MYERS, FL 33901 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: ROBERT E WILLIAMS 04/26/2005

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition HOWE, FRANCES HOWE, FRANCES Name: Name:

2674 WINKLER AVE. APT. 409 Address: 2674 WINKLER AVE. APT. 409 Address: City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FORT MYERS, FL 33901 US

Title: () Delete Title: (X) Change ( ) Addition

WILLIAMS, BETTY J Name: WILLIAMS, BETTY J Name: Address: 535 HANCOCK BRIDGE PARKWAY Address: 2427 E MALL DR

City-St-Zip: CAPE CORAL, FL City-St-Zip: FORT MYERS, FL 33901 US

Title: () Delete Title: (X) Change ( ) Addition HUEBNER, HARLD F Name: HUEBNER, HARLD F Name: Address:

2150 GRACE AVE Address: 2150 GRACE AVE City-St-Zip: FT MYERS, FL City-St-Zip: FT MYERS, FL 46750 US

Title: () Delete Title: (X) Change ( ) Addition

Name: HAZEN, ROBERT Name: HAZEN, ROBERT 5749 PALM BEACH BLVD #347 Address: Address: 4618 51

City-St-Zip: FT MYERS, FL City-St-Zip: CAMROS, AL T4V1T3 CA

Title: ( ) Delete Title: (X) Change ( ) Addition

WHITEHAIR, PATRICIA WHITEHAIR, PATRICIA Name: Name: 4944 CLEVELAND #D43 4944 CLEVELAND #D43 Address: Address: City-St-Zip: FT MYERS, FL City-St-Zip: FT MYERS, FL 33907 US

Title: () Delete Title: () Change () Addition

HOUSER, SHIRLEY S Name: Name: Address: 432 MILPORT ST NW Address: PORT CHARLOTTE, FL 33948 CH City-St-Zip: City-St-Zip:

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** 04/26/2005