

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004243

FILED
Apr 29, 2008
Secretary of State

Entity Name: CARING MINISTRIES FELLOWSHIP, INC.

Current Principal Place of Business:

2674 WINKLER AVE
424
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

2674 WINKLER AVE
424
FORT MYERS, FL 33901 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 PRES
2674 WINKLER AVE
#424
FORT MYERS, FL 33901 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: HOWE, FRANCES
Address: 301 VILLAGE DRIVE
City-St-Zip: MASON, OH 45040 US

Title: D () Delete
Name: WILLIAMS, BETTY J
Address: 2674 WINKLER AVE #424
City-St-Zip: FORT MYERS, FL 33901 US

Title: D () Delete
Name: HUEBNER, HAROLD F
Address: 528 E HIGH ST
City-St-Zip: HUNTINGTON, IN 46750 US

Title: D () Delete
Name: WHITEHAIR, PATRICIA
Address: P O BOX 544
City-St-Zip: ELLWOOD, PA 16117 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT E WILLIAMS

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date