

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000000570**

1. Entity Name

COMMUNITY CARE-GIVING MINISTRY, INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90167 024 ****61.25

005045

Principal Place of Business

**1128 ROYAL PALM BCH BLVD
PMB 296
ROYAL PALM BEACH FL 33411**

Mailing Address

**1128 ROYAL PALM BCH BLVD
PMB 296
ROYAL PALM BEACH FL 33411
US****C0006427**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0564305

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROGERS, ERSKINE C III
1803 AUSTRALIAN AVENUE S.
SUITE G
WEST PALM BEACH FL 33409-6459**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DFD	<input type="checkbox"/> Delete
NAME	VAN DALEN, KAREN L	
STREET ADDRESS	12 MOHAWK DR.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DADF	<input type="checkbox"/> Delete
NAME	HOLMES, MILLIE M	
STREET ADDRESS	11852 54TH STREET NORTH	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DED	<input type="checkbox"/> Delete
NAME	VAN DALEN, DR. DIRK J	
STREET ADDRESS	12 MOHAWK DR	
CITY-ST-ZIP	ROYAL PALM BCH FL 33411	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Karen L. Van Dalen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 19, 2001 (561) 793-1659

CR2E037 (10/00)