

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90264 015 ****70.00

DOCUMENT # N95000000570 1. Entity Name COMMUNITY CARE-GIVING MINISTRY, INC.					
Principal Place of Business 1128 ROYAL PALM BCH BLVD PMB 296 ROYAL PALM BEACH, FL 33411 US			Mailing Address 1128 ROYAL PALM BCH BLVD PMB 296 ROYAL PALM BEACH, FL 33411 US		
2. Principal Place of Business 11852 54th St. N. Suite, Apt. #, etc. Royal Palm Beach			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
City & State Zip Country			4. FEI Number 65-0564305 Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			02232005 Chg-NP CR2E037 (10/03)		
6. Name and Address of Current Registered Agent ROGERS, ERSKINE C III 4 HARVARD CIRCLE WEST PALM BEACH, FL 33409				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DFO VAN DALEN, KAREN L 12 MOHAWK DR. ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Van Dalen, Karen L. 11852 54th St. N. Royal Palm Beach, Fl. 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DADF HOLMES, MILLIE M 11852 54TH STREET NORTH ROYAL PALM BCH, FL 33411	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Holmes, Millie M. 11852 54th St. N. Royal Palm Beach, Fl. 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DED VAN DALEN, DR. DIRK J 12 MOHAWK DR ROYAL PALM BCH, FL 33411	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Aimee J. Holmes 11852 54th St. N. Royal Palm Beach, Fl. 33411	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: <u>Millie M. Holmes</u> <u>Millie M. Holmes</u> <u>4/20/05</u> <u>(561)252-4002</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					