

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90079 039 \*\*\*\*61.25

<b>DOCUMENT # N95000000570</b> 1. Entity Name <b>COMMUNITY CARE-GIVING MINISTRY, INC.</b>					
Principal Place of Business <b>11852 54TH ST N</b> <b>ROYAL PALM BEACH, FL 33411 US</b>			Mailing Address <b>1128 ROYAL PALM BCH BLVD</b> <b>PMB 296</b> <b>ROYAL PALM BEACH, FL 33411 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0564305</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ROGERS, ERSKINE C III</b> <b>4 HARVARD CIRCLE</b> <b>WEST PALM BEACH, FL 33409</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>VAN DALEN, KAREN L</b> <del>11852 54TH ST N</del> <b>ROYAL PALM BEACH, FL 33411</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>12 Mohawk Dr</b> <b>address only</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD <b>HOLMES, MILLIE M</b> <b>11852 54TH STREET NORTH</b> <b>ROYAL PALM BCH, FL 33411</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD <b>HOLMES, AIMEE J</b> <b>11852 54TH ST N</b> <b>ROYAL PALM BCH, FL 33411</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<del>van Dalen, Dirk J.</del> <del>12 Mohawk</del> <del>Royal Palm Beach, FL 33411</del> <del>Executive Director</del>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>Executive Director</b> <b>van Dalen, Dirk J</b> <b>12 Mohawk</b> <b>Royal Palm Beach, FL 33411</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Karen L. van Dalen</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<i>04/09/07 661541-5574</i> <small>Date Daytime Phone #</small>		