

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000570

FILED
Apr 19, 2009
Secretary of State

Entity Name: COMMUNITY CARE-GIVING MINISTRY, INC.

Current Principal Place of Business:

12 MOHAWK DR.
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

1128 ROYAL PALM BCH BLVD.
PMB 296
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 65-0564305 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROGERS, ERSKINE C III
4 HARVARD CIRCLE
WEST PALM BEACH, FL 33409 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: PD () Delete
Name: VAN DALEN, KAREN L
Address: 12 MOHAWK DR
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VTD () Delete
Name: HOLMES, MILLIE M
Address: 11852 54TH STREET NORTH
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: ED () Delete
Name: VAN DALEN, DIRK J
Address: 12 MOHAWK
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTD (X) Change () Addition
Name: VAN DALEN, DIRK J VTD
Address: 12 MOHAWK DRIVE
City-St-Zip: ROYAL PALM BCH, FL 33411

Title: AFD (X) Change () Addition
Name: ROBERTS, SANDRA L AFD
Address: 17338- 35TH PLACE NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

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: KAREN L VAN DALEN

PD

04/19/2009

Electronic Signature of Signing Officer or Director

Date