

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000570

FILED  
Mar 03, 2010  
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 ( )**

**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  
**Name:** VAN DALEN, KAREN L  
**Address:** 12 MOHAWK DR  
**City-St-Zip:** ROYAL PALM BEACH, FL 33411

**Title:** VTD  
**Name:** VAN DALEN, DIRK J VTD  
**Address:** 12 MOHAWK DRIVE  
**City-St-Zip:** ROYAL PALM BCH, FL 33411

**Title:** AFD  
**Name:** ROBERTS, SANDRA L AFD  
**Address:** 17338- 35TH PLACE NORTH  
**City-St-Zip:** LOXAHATCHEE, FL 33470

I hereby 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 all other like empowered.

SIGNATURE: KAREN L. VAN DALEN

PRES

03/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date