## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 24 1997 8:00am

Secretary of State

(96/6)

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # N9500004452 (7)

CASTING ALL YOUR CARES EVANGELISTIC TEAM, INC.

Principal Place of Business Mailing Address 2319 BROOM STREET 2319 BROOM STREET JACKSCAMILLE FL 32208 JACKSONVILLE FL 32208-2173 3a. Date of Last Report 3. Date Incorporated or Qualified 09/11/1995 02/20/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3343811 Applied For 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Regulred City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199,032, 24 Yes No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SEARLES, ANNIE 82 Street Address (P.O. Box Number is Not Acceptable) 2319 BROOM STREET JACKSONVILLE FL 32208 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition SEARLES, JOHN NAME 1.2 NAME 2319 BROOM STREET STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32208 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TOTLE 2.1 TITLE Addition SEARLES, ANNIE NAME 2.2 NAME 2319 BROOM STREET STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32208 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME TAYLOR, NYOKA 3.2 NAME 8747 7TH AVENUE STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CiTY-ST-7iP DELETE TITLE 4.1 TITLE Change Addition NAME DASSIE, JAMES 4. 2 NAME 11150 ARISTIDES WAY STREET ADDRESS 4.3 STREET ADDRESS JACKSONVILLE FL 32218 CITY-ST-ZP 4.4 CITY - ST - ZIP DELETE 1011.8 5.1 THILE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

**6.3 STREET ADDRESS** 

6.4 CITY-ST-ZIP