


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000004452</b>	
1. Entity Name <b>CASTING ALL YOUR CARES EVANGELISTIC TEAM, INC.</b>	

Principal Place of Business <b>2319 BROOM STREET JACKSONVILLE, FL 32208</b>	Mailing Address <b>2319 BROOM STREET JACKSONVILLE, FL 32208</b>
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01272004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3343811</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>SEARLES, ANNIE 2319 BROOM STREET JACKSONVILLE, FL 32208</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEARLES, JOHN 2319 BROOM STREET JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SEARLES, ANNIE 2319 BROOM STREET JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TAYLOR, NYOKA 8747 7TH AVENUE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DASSIE, JAMES 11150 ARISTIDES WAY JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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04/29/04-80032-025 70.00

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:** *Annie Seales* **Annie Seales** **904 7680580**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #