

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000004452**

1. Entity Name

CASTING ALL YOUR CARES EVANGELISTIC TEAM, INC.



Principal Place of Business

2319 BROOM STREET  
JACKSONVILLE, FL 32208

Mailing Address

2319 BROOM STREET  
JACKSONVILLE, FL 32208



04202005 No Chg-NP CR2E037 (10/03)

4. FEI Number

59-3343811

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SEARLES, ANNIE  
2319 BROOM STREET  
JACKSONVILLE, FL 32208

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME SEARLES, JOHN  
STREET ADDRESS 2319 BROOM STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE D  
NAME SEARLES, ANNIE  
STREET ADDRESS 2319 BROOM STREET  
CITY-ST-ZIP JACKSONVILLE, FL 32208

TITLE D  
NAME TAYLOR, NYOKA  
STREET ADDRESS 8747 7TH AVENUE  
CITY-ST-ZIP JACKSONVILLE, FL

TITLE D  
NAME DASSIE, JAMES  
STREET ADDRESS 11150 ARISTIDES WAY  
CITY-ST-ZIP JACKSONVILLE, FL 32218

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000328588  
04/25/05-80083-013 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Nyoka Taylor Nyoka Taylor 5/20/5 # 765-4949 8593466 cell*