



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 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	
<h2>DO NOT WRITE IN THIS SPACE</h2>		 02022006 No Chg-NP CR2E037 (11/05) 4. FEI Number 59-3343811	
6. Name and Address of Current Registered Agent SEARLES, ANNIE 2319 BROOM STREET JACKSONVILLE, FL 32208		<h2>DO NOT WRITE IN THIS SPACE</h2>	
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) <small>Signature, typed or printed name of registered agent and title if applicable</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000472516 03/23/06-80039-022 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEARLES, JOHN 2319 BROOM STREET JACKSONVILLE, FL 32208	<h2>DO NOT WRITE IN THIS SPACE</h2>	
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			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Nyoka Taylor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Nyoka Taylor		Date 3/16/6 Ccd 859-2466 Cityline Phone # 904 765-4949	