FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

	MEN I # N9600 CARES MINISTRIES, INC.	0004422 (9)			* ***********************************
Principal Plac	e of Business	Mailing Address		- I TOTALIST BID TOTAL BISH BEING BOTH BOTH BOTH BOTH BEIN I	BEILL BINK BINDS BINDS BINDS LANDS
1030 SW COLEMAN AVE. PORT ST. LUCKE FL 34953		1030 SW COLEMAN AVE. PORT ST. LUCIE FL 34953		3. Date Incorporated or Qualified 08/22/1996 4. FEI Number	I la collect For
				65-0693079	Applied For Not Applicable
2. Principal P	lace of Business	20. Mailing Address	<u></u>		\$8.75 Additional
21		26		5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
		27		Trust Fund Contribution	Added to Fees
City & State		City & State		7. Is this nonprofit corporation a homeowned Yes	ers association?
Zip 24	Country 25	Zip	Country 30	This corporation owes or has paid the cu Personal Property Tax due June 30.	urrent year Intengible Yes K. No
				10. Name and Address of New Registered	
			81 Name		
INGMAN, LAURA J 1030 SW COLEMAN AVE.			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
PORT ST. LUCIE FL 34953			83		
			84 City		85 Zip Code
				FL	- -
SIGNATURE	egistered agent, or both, in the State or familiar with, and accept the oblig Signature, hyped or printed name of registered age		thorized by the corporal rida Statutes. Registered Agent signature requires	coration submits this statement for the purpose of the purpose of the specific	pointment as registered
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
TITLE	PTR	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MICKEY R. INGMAN		1.2 NAME		
STREET ADDRESS	1030 SW COLEMAN AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL	Locucre	1.4 CITY - ST - ZIP		A LONG
TITLE	VTR	☐ DELETE	2.1 TITLE		Change Addition
NAME	DONALD A. GAUTHIER 9744 171 ST. NO.		2.2 NAME		}
STREET ADDRESS CITY-ST-ZIP	JUPITER FL		2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP		
TITLE	TS	☐ DELETE	2. 4 CHT - SI - ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME	LAURA INGMAN		3.2 NAME		
STREET ADDRESS	1030 SW COLEMAN AVE.		3.3 STREET ADORESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		3.4. CITY-ST-ZIP		
TITLE	TR	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOSEPH SLEIGH		4. 2 NAME		}
STREET ADDRESS	8995 SE BOBO COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOBE SOUND FL		4.4 CITY-ST-ZIP		T Alani
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		C Change C Made(0)
STREET ADDRESS			6.3 STREET ADDRESS		
J.1144.1 70041633			3.5 0.1.3.2.1.740014.00		

64 CITY-ST-ZIP

14. 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 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 chapted, or on an attachment with an address.

(561)340-0759

FILED

Apr 17 1998 8:00am

Secretary of State