

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002705

Entity Name: CHRISTIAN CARE MINISTRY, INC.**Current Principal Place of Business:**4150 W. EAU GALLIE BLVD
MELBOURNE, FL 32934**Current Mailing Address:**4150 W. EAU GALLIE BLVD
MELBOURNE, FL 32934 US**FEI Number:** 59-3556915**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
4150 W. EAU GALLIE BLVD.
MELBOURNE, FL 32934 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, PRESIDENT
Name TURNER, JOSEPH
Address 915 W. IMPEIAL HWY
City-State-Zip: BREA CA 92821

Title DIRECTOR
Name MOSER, JEREMY
Address 55 FAIR DR
City-State-Zip: COSTA MESA CA 92626

Title DIRECTOR
Name METCALF, DAVID
Address 4150 W EAU GALLIE BLVD.
City-State-Zip: MELBOURNE FL 32934

Title TREASURER
Name LAUE, VONNA
Address 4150 W. EAU GALLIE BLVD
City-State-Zip: MELBOURNE FL 32934

Title DIRECTOR
Name LIPPS, BOB
Address 4150 W. EAU GALLIE BLVD
City-State-Zip: MELBOURNE FL 32934

Title DIRECTOR
Name GIBBS, DAVID
Address 13790 ROOSEVELT
SUITE A
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name CUMMINGS, DES
Address 4150 W. EAU GALLIE BLVD
City-State-Zip: MELBOURNE FL 32934

Title DIRECTOR
Name WOODS, JONATHAN
Address 15 AIRLIE LN
City-State-Zip: SIMPSONVILLE SC 29681

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SUZANNE FERGUSON**SECRETARY****03/11/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ARIZA, WILSON
Address 4150 W. EAU GALLIE BLVD
City-State-Zip: MELBOURNE FL 32934

Title DIRECTOR
Name MORATIN, EDDY
Address 2043 JACOBS PL
City-State-Zip: ORLANDO FL 32805

Title SECRETARY
Name FERGUSON, SUZANNE
Address 4150 W EAU BLVD.
City-State-Zip: MELBOURNE FL 32934