

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104771

Entity Name: CARE IN CHRIST, INC.**Current Principal Place of Business:**1665 DUNLAWTON
SUITE 104
PORT ORANGE, FL 32127**Current Mailing Address:**1665 DUNLAWTON
SUITE 104
PORT ORANGE, FL 32127**FEI Number:** 59-3754103**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GAFFKA, BRUCE
1665 DUNLAWTON
SUITE 104
PORT ORANGE, FL 32127 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	PD
Name	GAFFKA, BRUCE
Address	5763 STEWART AVENUE
City-State-Zip:	PORT ORANGE FL 32127

Title	V
Name	FIELD, STEVE
Address	1521 CASEY LN
City-State-Zip:	PORT ORANGE FL 32128

Title	V
Name	GAFFKA, CRAIG
Address	860 SUGARHOUSE DR
City-State-Zip:	PORT ORANGE FL 32129

Title	S
Name	GAFFKA, ANN
Address	5763 STEWART AVE
City-State-Zip:	PORT ORANGE FL 32127

Title	V
Name	FIELD, CANDICE
Address	1521 CASEY LN
City-State-Zip:	PORT ORANGE FL 32128

Title	V
Name	GAFFKA, ALLYSON
Address	860 SUGARHOUSE DR
City-State-Zip:	PORT ORANGE FL 32129

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALLYSON J GAFFKA

V

01/08/2021

Electronic Signature of Signing Officer/Director Detail_____
Date