

2014 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 S
Name GAFFKA, ANN
Address 5763 STEWART AVE
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 FIELD, CANDICE
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 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: BRUCE GAFFKA

PRESEDENT

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date