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Secretary of State
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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **706952**

1. Corporation Name
CBM MINISTRIES, INC.

* 207097 - 90173 - 33

Principal Place of Business	Mailing Address
330 WA-FLOY WAY GATLINBURG TN 37738	330 WA-FLOY WAY GATLINBURG TN 37738

2. Principal Place of Business 21 815 E. Parkway Suite, Apt. #, etc. 22 Suite #5 City & State 23 Gatlinburg TN Zip 24 37738 Country 25 USA	2a. Mailing Address 26 PO Box 1784 Suite, Apt. #, etc. 27 City & State 28 Gatlinburg TN. Zip 29 37738 Country 30 USA	3. Date Incorporated or Qualifed 03/09/1964 4. FEI Number 59-0662267 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

WELCH, JAMES
219 S TENNESSEE AVE
LAKELAND FL 33802

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KNAUSS, WAYNE		1.2 NAME		
STREET ADDRESS	8117 SHANNON HILLS DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORRYTON TN		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EASTMAN, WARREN		2.2 NAME		
STREET ADDRESS	RR 4 BOX 291		2.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON NJ		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	GUDERSON, PAUL		3.2 NAME		
STREET ADDRESS	37 CORAL COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	COLONIA NJ		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, ROBERT		4. 2 NAME		
STREET ADDRESS	R.R. 7 BOX 251		4.3 STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	ENTNER, BOB		5.2 NAME	Entner, Bob	
STREET ADDRESS	330 WA-FLOY		5.3 STREET ADDRESS	PO Box 1784	
CITY-ST-ZIP	GATTINBURG TN 37738		5.4 CITY-ST-ZIP	Gatlinburg TN. 37738	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] **REQUIRED** 2/28/99 423-432-5059
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #