2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004
Secretary of State

DOCUMENT# 706952

Entity Name: CBM MINISTRIES, INC.

Current Principal Place of Business:

160 BEAR LODGE DR
TOWNSEND, TN 37882

New Principal Place of Business:

Current Mailing Address:

P O BOX 278
TOWNSEND, TN 37882

New Mailing Address:

FEI Number: 59-0662267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STARGEL, JOHN
2626 COLLINS AVE
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KNAUSS, WAYNE,
Address: 8117 SHANNON HILLS DR
City-St-Zip: CORRYTON, TN

Title: TD ( ) Delete
Name: WHITEHOUSE, MIKE
Address: 108 VALLEY VIEW ACRES
City-St-Zip: MOUNTAIN CITY, TN 37683

Title: SD ( ) Delete
Name: GUNDERSON, PAU;L
Address: 37 CORAL COURT
City-St-Zip: COLONIA, NJ 07067

Title: VD ( ) Delete
Name: SMITH, CHARLES
Address: P O BOX 333
City-St-Zip: FLAT ROCK, AL 35966

Title: D ( ) Delete
Name: TRAISTER, JERRY E
Address: 160 BEAR LODGE DRIVE
City-St-Zip: TOWNSEND, TN 37882

Title: D ( ) Delete
Name: BRINSON, SCOTT
Address: 600 LAKESIDE CIRCLE
City-St-Zip: EDMOND, OK 73003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: KNAUSS, WAYNE,
Address: 8117 SHANNON HILLS DR
City-St-Zip: CORRYTON, TN 37721

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JERRY E. TRAISTER D 03/15/2004

Electronic Signature of Signing Officer or Director — Date