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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

FLORIDA DEPARTMENT OF STATE
**Sandra B. Mortham**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769876 (4)

1. Corporation Name

**BRETT A. CHAFFIN OUTREACH MINISTRIES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 323 WHEATON CT<br>8211 SNOWHILL CT.<br>COLUMBUS OH 43235<br>US | P.O. BOX 340230<br>COLUMBUS OH 43234-0230<br>US |

3. Date Incorporated or Qualified: 08/18/1983
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business
21 Brett A. Chaffin Outreach...
Suite, Apt #, etc.
22 323 Wheaton Ct
City & State
23 Columbus, Ohio
Zip 24 43235 Country 25 Franklin

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2297876 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHAFFIN, GLENN M
4822 30TH ST. COURT EAST
BRADENTON FL 34203

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 | CHAFFIN, BRETT A., REV. | | 1.2 NAME | | |
| STREET ADDRESS | 323 WHEATON CT | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COLOMBUS OH | | 1.4 CITY-ST-ZIP | (COLUMBUS) misspelled | |
| TITLE | SD | ☐ DELETE | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | CHAFFIN, ANNE MARIE | | 2.2 NAME | | |
| STREET ADDRESS | 323 WHEATON CT | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | COLOMBUS OH | | 2.4 CITY-ST-ZIP | (COLUMBUS) misspelled | |
| TITLE | D | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WAILER, GEORGE R | | 3.2 NAME | WALLER (misspelled) | |
| STREET ADDRESS | 4912 GARTH RD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | HUNTSVILLE AL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☒ Change ☐ Addition |
| NAME | VARNEDOR, HEETH | | 4.2 NAME | Varnedoe (misspelled) | |
| STREET ADDRESS | 1308 LOVERS LANE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | THOMASVILLE GA | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| 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 (9/96)

14. I do 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.

SIGNATURE: Brett A. Chaffin Brett A. Chaffin 3/18/97 C6140885-1997.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0078585