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04-21-1999 90183 039 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **769876**

1. Corporation Name
BRETT A. CHAFFIN OUTREACH MINISTRIES, INC.

Principal Place of Business	Mailing Address
323 WHEATON CT ~~8311 SNOWHILL CT.~~ COLUMBUS OH 43235 US	P.O. BOX 340230 COLUMBUS OH 43234-0230 US

2. Principal Place of Business
21 323 Wheaton Ct, Columbus, OH
Suite, Apt. #, etc. 22
City & State 23 Columbus, OH
Zip 24 43235 Country 25 (USA)

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

3. Date Incorporated or Qualified
08/18/1983

4. FEI Number
59-2297976
☐ 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

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

10. Name and Address of New Registered Agent

81 Name: Chaffin, Glenn M
82 Street Address (P.O. Box Number is Not Acceptable): 612-53rd Ave W.
83: 5315 Algeria Ct.
84 City: Bradenton FL 85 Zip Code: 34207

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	COLUMBUS OH		1.4 CITY-ST-ZIP	
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	COLUMBUS OH		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WALLER, GEORGE		3.2 NAME	
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	VARNEDORE, HEETH		4.2 NAME	
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 (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: Brett A. Chaffin REQUIRED Brett A. Chaffin 4-4-99 (614) 885-1997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #