2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2004
Secretary of State

DOCUMENT# 769876

Entity Name: BRETT A. CHAFFIN OUTREACH MINISTRIES, INC.

Current Principal Place of Business:

904 PINE CONE WAY
GATLINBURG, TN 377380010 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10
GATLINBURG, TN 377380010 US

New Mailing Address:

FEI Number: 59-2297976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAFFIN, GLENN M
5707 45TH ST E #285
BRADENTON, FL 34203 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:	CHAFFIN, BRETT A., R, EV.	
Address:	904 PINE CONE WAY	
City-St-Zip:	GATLINBURG, TN 37738	
Title:	SD	( ) Delete
Name:	CHAFFIN, ANNE MARIE	
Address:	904 PINE CONE WAY	
City-St-Zip:	GATLINBURG, TN 37738	
Title:	D	( ) Delete
Name:	WALLER, GEORGE	
Address:	4912 GARTH RD	
City-St-Zip:	HUNTSVILLE, AL 35802	
Title:	D	( ) Delete
Name:	VARNEDORE, HEETH	
Address:	1308 LOVERS LANE	
City-St-Zip:	THOMASVILLE, GA 31792	
Title:	D	( ) Delete
Name:	SANDERS, TOM	
Address:	223 PLAYER LN	
City-St-Zip:	GATLINBURG, TN 37738	
Title:	D	( ) Delete
Name:	SADD, PHIL	
Address:	6848 LOCKRIDGE DR	
City-St-Zip:	ATLANTA, GA 30360	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:	
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: TOM SANDERS D 04/24/2004
Electronic Signature of Signing Officer or Director — Date