

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90500 005 ****70.00

DOCUMENT # 769876

1. Entity Name

BRETT A. CHAFFIN OUTREACH MINISTRIES, INC.



Principal Place of Business

904 PINE CONE WAY
GATLINBURG TN 37738-0010
US

Mailing Address

P.O. BOX 10
GATLINBURG TN 37738-0010
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2297976

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAFFIN, GLENN M
612-53RD AVE W
BRADENTON FL 34207

address change only

Name

Chaffin, Glenn M

Street Address (P.O. Box Number is Not Acceptable)

6707 45th St. E. # 285

Bradenton

City

FL

Zip Code

34203

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Glenn M. Chaffin *Glenn M. Chaffin*

Signature, typed or printed name of registered agent, title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
NAME CHAFFIN, BRETT A., REV.
STREET ADDRESS 904 PINE CONE WAY
CITY-ST-ZIP GATLINBURG TN 37738

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD Delete
NAME CHAFFIN, ANNE MARIE
STREET ADDRESS 904 PINE CONE WAY
CITY-ST-ZIP GATLINBURG TN 37738

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME WALLER, GEORGE
STREET ADDRESS 4912 GARTH RD
CITY-ST-ZIP HUNTSVILLE AL 35802

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME VARNEDORE, HEETH
STREET ADDRESS 1308 LOVERS LANE
CITY-ST-ZIP THOMASVILLE GA 31792

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME *Tom Sanders*
STREET ADDRESS *223 Player Ln*
CITY-ST-ZIP *Gatlinburg, TN 37738*

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME *Phil Sadd*
STREET ADDRESS *6848 Lockridge Dr*
CITY-ST-ZIP *Atlanta, GA 30360*

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brett A. Chaffin* *Brett A. Chaffin* *4-16-03* *865.430.1111*

CR2E037 (10/02)