NONPROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 760361 1. Corporation Name

CBA CHARITIES, INC.

Principal Place of Busine
244 E. PARK AVE
D () D() 2269

Mailing Address 244 E. PARK AVE

P.O. BOX 2368

## **FILED** Mar 26, 1999 8:00 am § Secretary of State

03-26-1999 90017 040 \*\*\*\*61.25



LAKE WALES F	FL 33853	LAKE WALES FL 33853						I (MANS) INCOME BINS BESON ISSIS BURGE SEN MINISTER CORST CORST CORST CORST CORST				
2. Principal Pla	ace of Business	2a. Mailing Address						3. Date incorporated or Qualifed				
21		26						10/09/1981				
Suite, Apt. 1	#, etc.		Suite, Apt. #, etc.					4. FEI Number		$\vdash$	pplied For	
22		27						58-0039047		N	lot Applicable	
City & State	3	28	City & State					5. Certifcate of Status Desired	3		Additional tequired	
23   Zip	Country	20	Zip	. C	ountry			6. Election Campaign Financing	_	\$5.00	May Be	
24	25	29	·	30				Trust Fund Contribution	<b>_</b>	•	to Fees	
	9. Name and Address of Current I		tered Agent					10. Name and Address of New Reg	istered A	gent		
					81	Name					Į.	
RUMFELT, THOMAS					82 Street Address (P.O. Box Number is Not Acceptable)							
	KESHORE BLVD.		· ·			DE SUBST AUDIESS (F.O. DOX HAIRINGS IS HOT ACCEPTABLE)						
	ES FL 33853			83								
Dail HAL	2012 30000				84	City				85 Zip	Code	
					-				<u>FL</u>			
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 a	m familiar with, and accept the obligation	ns of	, Section 617.0503, Flor	ida St	atutes		0,41.511	5 55an 6 5 an estato, 6 7 mores, 2005ps	<del>-</del>			
SIGNATURE    Signature   Nondext printed name of registered agent and title if emplicable. (NOTE: Registered Agent signature required when reinstating)    DATE   D												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register						t signature r	required w	ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECT	ORS IN 12	
12.		DIRE	DELETE	_	TITLE	***	Γ"	ADDITIONO/ONANGES TO STITLE		☐ Change		
TITLE	PD PUBLICATION AS				NAME							
NAME	RUMFELT, THOMAS					*******						
STREET ADDRESS	644 S. LAKESHORE BLVD.					ADDRESS						
CITY-ST-ZIP	LAKE WALES FL		☐ DELETE	_	CITY-S	T-ZIP	<del>                                     </del>			☐ Change	Addition	
TITLE	SD		☐ DECEIE	1								
NAME	RUMFELT, COLETTE C.				NAME						1	
STREET ADDRESS	644 S. LAKESHORE BLVD.		/			ADDRESS						
CITY-ST-ZIP	LAKE WALES FL			-	4 CITY-S	T-ZIP		·		☐ Change	Addition	
TITLE	D		DELETE		TITLE					□ Ctianye	Addition	
_NAME	FRANCEN, MICHAEL		. ,—		NAME		1	- ·				
STREET ADDRESS	244 E PARK AVE			1		ADDRESS					_	
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NAME	•				2 NAME			TUER, MICHAECA	<u> </u>		ŀ	
STREET ADDRESS				4.3	STREET	ADDRESS	600	OI NSYM STREE MPA, FL 33601	7 (			
CITY-ST-ZIP				_	CITY-S	T-ZIP	IA	MP#, PL 33601				
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NAME .		_			NAME		KU	MFELT, CHAD 49.LAKESHORE	BIVE	)		
STREET ADDRESS			)			ADDRESS	104	KE WALES, FL	J 0	•	1	
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NAME	<u></u>		/		NAME		1					
STREET ADDRESS	./ \)		<i>'</i>	6.3	STREE	TADDRESS						

CITY-ST-ZIP

14. I hereby certify that the information subplied 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 agricular 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 of the refereiver 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 attackment with an address, with all other like empowered.