


FILE NOW: FILING FEE IS \$61.25

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

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

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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 Business 244 E. PARK AVE P.O. BOX 2368 LAKE WALES FL 33853			Mailing Address 244 E. PARK AVE P.O. BOX 2368 LAKE WALES FL 33853		
2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/09/1981	
22 City & State		27 City & State		4. FEI Number 58-0039047	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
RUMFELT, THOMAS 644 S. LAKESHORE BLVD. LAKE WALES FL 33853			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	RUMFELT, THOMAS				
STREET ADDRESS	644 S. LAKESHORE BLVD.				
CITY-ST-ZIP	LAKE WALES FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	RUMFELT, COLETTE C.				
STREET ADDRESS	644 S. LAKESHORE BLVD.				
CITY-ST-ZIP	LAKE WALES FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	FRANCEN, MICHAEL				
STREET ADDRESS	244 E PARK AVE				
CITY-ST-ZIP	LAKE WALES FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Thomas Rumpfelt
THOMAS RUMFELT

3-18-98