

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 10, 2005  
Secretary of State**

DOCUMENT# 760361

Entity Name: CBA CHARITIES, INC.

**Current Principal Place of Business:**

244 E. PARK AVE  
P.O. BOX 2368  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

244 E. PARK AVE  
P.O. BOX 2368  
LAKE WALES, FL 33853

**New Mailing Address:**

FEI Number: 58-0039047      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUMFELT, THOMAS  
644 S. LAKESHORE BLVD.  
LAKE WALES, FL 33853      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: RUMFELT, THOMAS,  
Address: 644 S. LAKESHORE BLVD.  
City-St-Zip: LAKE WALES, FL

Title: SD ( ) Delete  
Name: RUMFELT, COLETTE C.,  
Address: 644 S. LAKESHORE BLVD.  
City-St-Zip: LAKE WALES, FL

Title: D ( ) Delete  
Name: RUMFELT, CHAD  
Address: 644 S. LAKESHORE BLVD.  
City-St-Zip: LAKE WALES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: RUMFELT, THOMAS,  
Address: 644 S. LAKESHORE BLVD.  
City-St-Zip: LAKE WALES, FL 33853

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: THOMAS RUMFELT

P

03/10/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date