2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007
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:

244 E. PARK AVE
LAKE WALES, FL 33853

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 33853

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 exemption stated in Chapter 119, 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 B. RUMFELT PD 04/27/2007

Electronic Signature of Signing Officer or Director — Date