2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # 760361

1. Entity Name
CBA CHARITIES, INC.

Principal Place of Business	Mailing Address
244 E. PARK AVE LAKE WALES, FL 33853	244 E. PARK AVE P.O. BOX 2368 LAKE WALES, FL 33853

U00000910177
05/06/08-80099-010 61.25

03062008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
58-0039047
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUMFELT, THOMAS
644 S. LAKESHORE BLVD.
LAKE WALES, FL 33853

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUMFELT, THOMAS
STREET ADDRESS	644 S. LAKESHORE BLVD.
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	SD
NAME	RUMFELT, COLETTE C.
STREET ADDRESS	644 S. LAKESHORE BLVD.
CITY-ST-ZIP	LAKE WALES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: THOMAS RUMFELT 03/06/08 800-394-2767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone X1176