

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008044

FILED  
Jan 31, 2005  
Secretary of State

Entity Name: CLIFF BELL FAMILY MINISTRIES, INC.

**Current Principal Place of Business:**

177 MCKENNY ROAD  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

177 APOSTLES WAY  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

P.O. BOX 9000  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 38-1254092      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

DUTY, WILLIAM  
233 HAMON AVENUE  
SANTA ROSA BEACH, FL 32459      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: P            ( ) Delete  
Name: BELL, CLIFTON E  
Address: 177 MCKENNY ROAD  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: V            ( ) Delete  
Name: BELL, SANDRA D  
Address: 177 MCKENNY ROAD  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: D            ( ) Delete  
Name: DUTY, WILLIAM  
Address: 233 HAMON AVENUE  
City-St-Zip: SANTA ROSA BEACH,, FL 32459

Title: D            ( ) Delete  
Name: SHEEHAN, GALE  
Address: 853 CHAT HOLLEY  
City-St-Zip: SANTA ROSA BEACH,, FL 32459

Title: D            ( ) Delete  
Name: KING, DOUGLAS  
Address: 117 HAMON AVE.  
City-St-Zip: SANTA ROSA BEACH,, FL 32459

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

Title: P            (X) Change ( ) Addition  
Name: BELL, CLIFTON E  
Address: 177 APOSTLES WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: V            (X) Change ( ) Addition  
Name: BELL, SANDRA D  
Address: 177 APOSTLES WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title:                ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CLIFTON E. BELL

P

01/31/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date