

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008044

FILED
Apr 07, 2008
Secretary of State

Entity Name: CLIFF BELL FAMILY MINISTRIES, INC.

Current Principal Place of Business:

177 APOSTLES WAY
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

1201 VIRGINIA DR.
EDINBURG, TX 78541

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: 1201 VIRGINIA DR.
City-St-Zip: EDINBURG, TX 78541 US

Title: V () Delete
Name: BELL, SANDRA D
Address: 1201 VIRGINIA DR.
City-St-Zip: EDINBURG, TX 78541 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: D (X) Change () Addition
Name: SHEEHAN, GALE
Address: 67 SANTA BARBARA AVE
City-St-Zip: SANTA ROSA BEACH,, FL 32459

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: CLIFTON E. BELL

PRES

04/07/2008

Electronic Signature of Signing Officer or Director

_____ Date