2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

TELES T. Cheroma

NG OFFICER OR DIRECTOR

May 20, 2004 8:00 am Secretary of State **DOCUMENT # N03000009928** 05-20-2004 90007 003 ****61.25 CHAPMAN FAMILY MINISTRIES, INC. Principal Place of Business Mailing Address 3682 AIRPORT ROAD 3682 AIRPORT ROAD CRESTVIEW, FL 32539 CRESTVIEW, FL 32539 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02252004 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHAPMAN: CHARLES T-III-Street Address (P.O. Box Number is Not Acceptable) 3682 AIRPORT ROAD CRESTVIEW, FL 32539 City Zip Code 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 famillar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. .. 11. TITLE TITLE ☐ Change Addition Delete CHAPMAN, CHARLES T III NAME 3682 AIRPORT ROAD STREET ADDRESS STREET ADDRESS CRESTVIEW, FL 32539 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE CHAPMAN, HAYWARD T NAME NAME STREET ADDRESS 3505 HORNE HOLLOW ROAD STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL 32539 CITY-ST-ZIP ST ☐ Delete ☐ Change Addition TILLE CHAPMAN, JANE D NAME NAME 3505 HORNE HOLLOW ROAD STREET ADDRESS STREET ADDRESS City-St-Zip ~ CRESTVIEW, FL- 32539 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TTLE CHAPMAN, CHARLES T IV NAME NAME 3682 AIRPORT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL 32539 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE CHAPMAN, DONNA M 3682 AIRPORT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRESTVIEW, FL 32539 CATY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE CHAPMAN, KARYN NAME NAME 3682 AIRPORT ROAD STREET ADDRESS STREET ADDRESS CRESTVIEW, FL 32539 CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify 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 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. Chaptes T-Chapman TII. SIGNATURE: Chaptes T-Chapman TII.

FILED

850-682-7887