2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005
Secretary of State

DOCUMENT# N04000001718

Entity Name: CHIPOLA FAMILY MINISTRIES, INC.

Current Principal Place of Business:

2540 LAKESHORE DRIVE
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

2540 LAKESHORE DRIVE
MARIANNA, FL 32446

New Mailing Address:

FEI Number: 54-2158944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEASLEY, COBA
2540 LAKESHORE DRIVE
MARIANNA, FL 32446 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: D ( ) Delete
Name: BEASLEY, COBA
Address: 2540 LAKESHORE DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete
Name: SCHINMAN, GARY
Address: 2540 LAKESHORE DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete
Name: CARROLL, JACKIE
Address: 2540 LAKESHORE DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete
Name: HUGHES, KAREN
Address: 2540 LAKESHORE DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete
Name: MILLER, DOYLE
Address: 2540 LAKESHORE DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete
Name: SIZEMORE, TIM
Address: 2540 LAKESHORE DRIVE
City-St-Zip: MARIANNA, FL 32446

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: HINDS, WILLIAM L
Address: 2540 LAKESHORE DRIVE
City-St-Zip: MARIANNA, FL 32446

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

Title: D (X) Change ( ) Addition
Name: GENE, SMITH
Address: 2540 LAKESHORE DRIVE
City-St-Zip: MARIANNA, FL 32446

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: WILLIAM L HINDS D 02/22/2005

Electronic Signature of Signing Officer or Director — Date