

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001718

FILED
May 01, 2006
Secretary of State

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 ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BEASLEY, COBA
2540 LAKESHORE DRIVE
MARIANNA, FL 32446 US

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: HINDS, WILLIAM L
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: GENE, SMITH
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: D (X) Change () Addition
Name: GRIFFIN, BRANDON
Address: 2540 LAKESHORE DRIVE
City-St-Zip: MARIANNA, FL 32446

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

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

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 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: COBA J. BEASLEY

DIR.

05/01/2006

Electronic Signature of Signing Officer or Director

Date