2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2012
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 (X)**

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

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

Title: D
Name: DANIELS, CAROLYN
Address: 2540 LAKESHORE DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: D
Name: HARN, CARON
Address: 2540 LAKESHORE DRIVE
City-St-Zip: MARIANNA, FL 32446

Title: D
Name: BOB, JOHNSON
Address: 2540 LAKESHORE DRIVE
City-St-Zip: MARIANNA, FL

Title: D
Name: GENE, SMITH
Address: 2540 LAKESHORE DRIVE
City-St-Zip: MARIANNA, FL 32446

I hereby 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 all other like empowered.

SIGNATURE: COBA BEASLEY PRES 02/27/2012

Electronic Signature of Signing Officer or Director — Date