

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N06124** (4)

1. Corporation Name
THE COBB FAMILY MINISTRIES, INC.



Principal Place of Business: 1577 N. MILITARY TRAIL W. PALM BEACH FL 33409 US
Mailing Address: 1577 N. MILITARY TRAIL W. PALM BEACH FL 33409 US

3. Date Incorporated or Qualified: 11/13/1984
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-2472488	Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	City & State		<input type="checkbox"/>	\$5.00 May Be Added to Fees
25	Country	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
30	Country	30	Country		<input type="checkbox"/>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COBB, DAVID LEE 30301 SW 171 AVE HOMESTEAD FL				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-issuing) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COBB, DAVID LEE		1.2 NAME				
STREET ADDRESS	30301 SW 171 AVE		1.3 STREET ADDRESS				
CITY - ST - ZIP	HOMESTEAD FL		1.4 CITY - ST - ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COBB, DAVID LEE II		2.2 NAME				
STREET ADDRESS	30301 SW 171 AVE		2.3 STREET ADDRESS				
CITY - ST - ZIP	HOMESTEAD FL		2.4 CITY - ST - ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COBB, MODENA KING		3.2 NAME				
STREET ADDRESS	30301 SW 171 AVE		3.3 STREET ADDRESS				
CITY - ST - ZIP	HOMESTEAD FL		3.4 CITY - ST - ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	COBB, JONATHAN MARTIN		4.2 NAME				
STREET ADDRESS	30301 SW 171 AVE		4.3 STREET ADDRESS				
CITY - ST - ZIP	HOMESTEAD FL		4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST - ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David L. Cobb, Pres.* 2/7/96 407-640-8374
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)