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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90177 013 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N06124
 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
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2. Principal Place of Business 21 <i>Celebration Community Church</i> Suite, Apt. #, etc. 22 <i>8578 Okeechobee Blvd.</i> City & State 23 <i>W. Palm Beach, FL</i> Zip 24 <i>33411</i> Country 25 <i>USA</i>	2a. Mailing Address <i>Dr. David L. Cobb</i> 26 <i>573 Whippoorwill Tr.</i> Suite, Apt. #, etc. 27 City & State 28 <i>W. Palm Beach</i> Zip 29 <i>33411</i> Country 30 <i>USA</i>	3. Date Incorporated or Qualified 11/13/1984 4. FEI Number 59-2472488 Applied For <input checked="" type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent COBB, DAVID LEE 30301 SW 171 AVE HOMESTEAD FL	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COBB, DAVID LEE 30301 SW 171 AVE HOMESTEAD FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>573 Whippoorwill Tr. W. Palm Beach, FL 33411</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COBB, DAVID LEE II 30301 SW 171 AVE HOMESTEAD FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>573 Whippoorwill Tr. W. Palm Beach, FL 33411</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COBB, MODENA KING 30301 SW 171 AVE HOMESTEAD FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>573 Whippoorwill Tr. W. Palm Beach, FL 33411</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COBB, JONATHAN MARTIN 30301 SW 171 AVE HOMESTEAD FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>573 Whippoorwill Tr. W. Palm Beach, FL 33411</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE: *David L. Cobb* SIGNATURE REQUIRED *David L. Cobb* 4/8/99 561-791-2691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)