

DOCUMENT # N06124

1. Entity Name

THE COBB FAMILY MINISTRIES, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90083 014 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business: CELEBRATION COMMUNITY CHURCH, 8518 OKEECHOBEE BLVD, W. PALM BEACH FL 33411 US
Mailing Address: DR DAVID L. COBB, 573 WHIPPOORWILL TR, W. PALM BEACH FL 33411-5229 US

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: 468 Cypress Green Circle, Wellington, FL

City & State: Wellington, FL

Zip: 33414, Country: USA

4. FEI Number: 59-2472488, Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: COBB, DAVID LEE, 30301 SW 171 AVE, HOMESTEAD FL

7. Name and Address of New Registered Agent: Name, Street Address, City, FL, Zip Code

8. 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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD COBB, DAVID LEE; VD COBB, DAVID LEE II; SD COBB, MODENA KING; TD COBB, JONATHAN MARTIN.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include handwritten entries for 468 Cypress Green Circle, Wellington, FL 33414.

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] David L. Cobb, Pres. 4/13/00 561-791-7892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED