

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002245

FILED
Apr 27, 2006
Secretary of State

Entity Name: CAMP GILEAD CBM MINISTRIES OF FLORIDA, INC.

Current Principal Place of Business:

1444 CAMP GILEAD DR
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

PO BOX 98
POLK CITY, FL 33868

New Mailing Address:

FEI Number: 59-2925070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

YEATER, RONALD E
1444 CAMP GILEAD DR
POLK CITY, FL 33868 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: VD () Delete
Name: SIMPSON, GARY
Address: 4205 THOMASWOOD LN
City-St-Zip: WINTER HAVEN, FL

Title: STD () Delete
Name: SNYDER, HAROLD
Address: 2129 SYLVESTER COURT
City-St-Zip: LAKE LAND, FL

Title: PD () Delete
Name: CONKLIN, JOHN
Address: 3215 DOVE LN
City-St-Zip: MULBERRY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: STARGEL, JOHN
Address: 2626 COLLINS AVENUE
City-St-Zip: LAKE LAND, FL 33803

Title: STD (X) Change () Addition
Name: SNYDER, HAROLD
Address: 2129 SYLVESTER COURT
City-St-Zip: LAKE LAND, FL 33803

Title: VD (X) Change () Addition
Name: CONKLIN, JOHN
Address: 3215 DOVE LN
City-St-Zip: MULBERRY, FL 33860

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: JOHN STARGEL

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date