

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 09, 2007**  
**Secretary of State**

DOCUMENT# N93000002245

**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 ( )****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:** PD ( ) Delete  
**Name:** STARGEL, JOHN  
**Address:** 2626 COLLINS AVENUE  
**City-St-Zip:** LAKELAND, FL 33803**Title:** STD ( ) Delete  
**Name:** SNYDER, HAROLD  
**Address:** 2129 SYLVESTER COURT  
**City-St-Zip:** LAKELAND, FL 33803**Title:** VD ( ) Delete  
**Name:** CONKLIN, JOHN  
**Address:** 3215 DOVE LN  
**City-St-Zip:** MULBERRY, FL 33860**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ED ( ) Change (X) Addition  
**Name:** SIMPSON, GARY MR.  
**Address:** 4205 THOMASWOOD LN.  
**City-St-Zip:** WINTER HAVEN, FL 33880**Title:** D ( ) Change (X) Addition  
**Name:** SPRADLIN, DALE E MR.  
**Address:** 85 ORANGE BLOSSOM LN.  
**City-St-Zip:** WINTER HAVEN, FL 33880**Title:** D ( ) Change (X) Addition  
**Name:** SMITH, RANDY MR.  
**Address:** 4002 GREYSTONE DR.  
**City-St-Zip:** CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify 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

08/09/2007

Electronic Signature of Signing Officer or Director

Date