2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008
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:	ED	( ) Delete
Name:	SIMPSON, GARY MR.	
Address:	4205 THOMASWOOD LN.	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	D	( ) Delete
Name:	SPRADLIN, DALE E MR.	
Address:	85 ORANGE BLOSSOM LN.	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	D	( ) Delete
Name:	SMITH, RANDY MR.	
Address:	4002 GREYSTONE DR.	
City-St-Zip:	CLERMONT, FL 34711	

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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: DALE SPRADLIN D 04/03/2008

Electronic Signature of Signing Officer or Director — Date