

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002245

FILED  
Mar 25, 2009  
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 ( )

**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:**

SIMPSON, SCOTT  
1444 CAMP GILEAD DR  
POLK CITY, FL 33868 US

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: SCOTT SIMPSON

03/25/2009

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

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

Title: VD (X) Change ( ) Addition  
Name: SMITH, RANDY MR  
Address: 4002 GREYSTONE DR  
City-St-Zip: CLERMONT, FL 34711

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

Title: D (X) Change ( ) Addition  
Name: SPRADLIN, DALE E MR.  
Address: 5193 ORCHID TREE LN  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D (X) Change ( ) Addition  
Name: JOHNSON, JILL MRS  
Address: 5039 LAKE MIRIAM CR  
City-St-Zip: LAKELAND, FL 33813

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 E SPRADLIN

D

03/25/2009

Electronic Signature of Signing Officer or Director

Date