

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002245

FILED  
Apr 30, 2010  
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:**

SIMPSON, SCOTT  
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  
Name: STARGEL, JOHN MR  
Address: 2626 COLLINS AVENUE  
City-St-Zip: LAKELAND, FL 33803

Title: STD  
Name: SNYDER, HAROLD MR  
Address: 2129 SYLVESTER COURT  
City-St-Zip: LAKELAND, FL 33803

Title: VD  
Name: SMITH, RANDY MR  
Address: 4002 GREYSTONE DR  
City-St-Zip: CLERMONT, FL 34711

Title: ED  
Name: SIMPSON, GARY MR.  
Address: 4205 THOMASWOOD LN.  
City-St-Zip: WINTER HAVEN, FL 33880

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

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

I hereby 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 all other like empowered.

SIGNATURE: GARY SIMPSON

ED

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date