2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2012
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:

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: JOHNSON, JILL MRS
Address: 5039 LAKE MARIAM CR
City-St-Zip: LAKELAND, FL 33813

Title: ED
Name: PRITT, KENNETH R JR.
Address: 1444 CAMP GILEAD DRIVE
City-St-Zip: POLK CITY, FL 33868

Title: D
Name: MUELLER, JAY MR.
Address: 216 CAREY PLACE
City-St-Zip: LAKELAND, FL 33803

Title: D
Name: DAWSON, STEVE MR
Address: 126 W JULIANA WAY
City-St-Zip: AUBURNDALE, FL 33823

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: KENNETH R. PRITT JR. ED 05/01/2012

Electronic Signature of Signing Officer or Director — Date