

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001879

FILED  
Jan 08, 2007  
Secretary of State

Entity Name: CHRISTIAN MINISTRIES INTERNATIONAL, INC.

**Current Principal Place of Business:**

1665 S.W. BRISBANE ST.  
PORT ST. LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

1665 S.W. BRISBANE ST.  
PORT ST. LUCIE, FL 34984

**New Mailing Address:**

FEI Number: 31-1214667      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HOOD, L. LYNN  
1665 S.W. BRISBANE STREET  
PORT ST. LUCIE, FL 34984      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: CEO      ( ) Delete  
Name: HOOD, L. LYNN  
Address: 1665 S.W. BRISBANE ST.  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: VP      ( ) Delete  
Name: HOOD, FRANCINE P  
Address: 1665 S.W. BRISBANE ST.  
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: VP      ( ) Delete  
Name: ALENCAR, GENETON  
Address: 5221 MAGELLAN WAY WEST  
City-St-Zip: DELRAY BEACH, FL 33484

Title: ST      ( ) Delete  
Name: HOOD, SHAMENE  
Address: 1222 S. TIMBER HOLLOW DRIVE  
City-St-Zip: FAIRFIELD, OH 45014

**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: ST      (X) Change ( ) Addition  
Name: HOOD, SHAMENE  
Address: 2373 SE SIDONIA STREET  
City-St-Zip: PORT ST. LUCIE, FL 34952

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANCINE P. HOOD

VP

01/08/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date