

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009579

**FILED**  
**Feb 26, 2016**  
**Secretary of State**  
**CC4174647374**

**Entity Name:** CHRISTIAN MEDINA FOUNDATION, INC.

**Current Principal Place of Business:**

1062 S.W. DEL RIO BOULEVARD  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

1062 S.W. DEL RIO BOULEVARD  
PORT ST. LUCIE, FL 34953

**FEI Number:** 47-5154906

**Certificate of Status Desired:** No

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

MEDINA, MADELINE J CHAIR  
1062 S. W. DEL RIO BOULEVARD  
PORT ST. LUCIE, FL 34953 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MEDINA, MADELINE J CHAIR  
Address 1062 S. W. DEL RIO BOULEVARD  
City-State-Zip: PORT ST. LUCIE FL 34953

Title VP  
Name SILVA, CHRISTINA M  
Address 8243 S. INDIAN RIVER DR.  
City-State-Zip: FT. PIERCE FL 34982

Title VP  
Name FIORE, TRICIA  
Address 32 BALTIMORE STREET  
City-State-Zip: STATEN ISLAND NY 10308

Title SEC  
Name NEIL, DEBBIE J  
Address 1014 GATEWOOD AVENUE  
City-State-Zip: FT. PIERCE FL 34982

Title TREA  
Name BACKUS, MICHELE  
Address 1961 S.W. CAPEADOR STREET  
City-State-Zip: PORT ST. LUCIE FL 34953

Title DIR  
Name CRAFT, CHRIS  
Address 8 HARBOUR ISLE DRIVE EAST  
City-State-Zip: FT. PIERCE FL 34949

*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:** MICHELE BACKUS

**TREASURER**

**02/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date