

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 25, 2017
Secretary of State
CC1582847295

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: MADELINE MEDINA

CHAIR

01/25/2017

Electronic Signature of Signing Officer/Director Detail

Date