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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721956 (1)

1. Corporation Name
CHRISTIAN MEDICAL FOUNDATION INTERNATIONAL, INC.

Principal Place of Business 7522 NORTH HIMES TAMPA FL 33614	Mailing Address P.O. BOX 152136 TAMPA FL 33684-2136 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 10/28/1971	3a. Date of Last Report 05/01/1996
4. FEI Number 23-7259331	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**REED, WILLIAM S
4300 N RIVERSIDE DR.
TAMPA FL 33603**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CROUCH, JOHN	
STREET ADDRESS	4825 S. SHORE DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	REED, WILLIAM S MD	
STREET ADDRESS	4300 N RIVERSIDE DR.	
CITY-ST-ZIP	TAMPA, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BYARS, VANCE G M D	
STREET ADDRESS	6748 VAN GOGH	DELETE
CITY-ST-ZIP	BATON ROUGE, LA 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILLS, HEATHER	
STREET ADDRESS	512 DRIFTWOOD W.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	N D	<input type="checkbox"/> DELETE
NAME	RASSMUSSEN, RONALD	
STREET ADDRESS	12301 SUNSHINE LANE	
CITY-ST-ZIP	TREASURE ISLAND FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	REED, KAY	
STREET ADDRESS	4300 N RIVERSIDE DR.	
CITY-ST-ZIP	TAMPA, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	X	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GENE WOLFE	
1.3 STREET ADDRESS	502 E. MORRELL DR.	
1.4 CITY-ST-ZIP	PLANT CITY, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D GENE WOLFE	
3.3 STREET ADDRESS	502 E. MORRELL DR.	
3.4 CITY-ST-ZIP	PLANT CITY, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # **0048300**

CR2E037 (9/96)