

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90029 037 ****61.25

0051998

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721956

1. Corporation Name

CHRISTIAN MEDICAL FOUNDATION INTERNATIONAL, INC.

Principal Place of Business

730 W EMMA ST
TAMPA FL 33603
US

Mailing Address

P.O. BOX 152136
TAMPA FL 33684
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/28/1971

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
23-7259331

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 617.1508, Florida Statutes.

SIGNATURE William S Reed

4-30-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME CROUCH, JOHN
STREET ADDRESS 4925 S. SHORE DR.
CITY-ST-ZIP NEW PORT RICHEY FL

1.1 TITLE Change Addition
1.2 NAME Carolyn Thornton
1.3 STREET ADDRESS 5115 Lake LeClare
1.4 CITY-ST-ZIP Lutz, FL 33549

TITLE PD DELETE
NAME REED, WILLIAM S MD
STREET ADDRESS 4300 N RIVERSIDE DR.
CITY-ST-ZIP TAMPA, FL 00000

2.1 TITLE Change Addition
2.2 NAME Josephine Castellano
2.3 STREET ADDRESS 305 N. Hesperides
2.4 CITY-ST-ZIP Tampa, FL 33609

TITLE D DELETE
NAME WOLFE, GENE
STREET ADDRESS 502 E MORRELL DR
CITY-ST-ZIP PLANT CITY FL

3.1 TITLE Change Addition
3.2 NAME Richard Tiff
3.3 STREET ADDRESS 1834 Sunrise Blvd.
3.4 CITY-ST-ZIP Clearwater, FL 33760

TITLE D DELETE
NAME GILLS, HEATHER
STREET ADDRESS 512 DRIFTWOOD W.
CITY-ST-ZIP PALM HARBOR FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME RASSMUSSEN, RONALD
STREET ADDRESS 12301 SUNSHINE LANE
CITY-ST-ZIP TREASURE ISLAND FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ST DELETE
NAME REED, KAY
STREET ADDRESS 4300 N RIVERSIDE DR.
CITY-ST-ZIP TAMPA, FL 00000

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: Carolyn Thornton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99

(813) 932-3688

Date

Daytime Phone #

CR2E037 (11/98)