

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State
 05-23-2002 90137 017 ****61.25

DOCUMENT # 721956

1. Entity Name

CHRISTIAN MEDICAL FOUNDATION INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**730 W EMMA ST
 TAMPA FL 33603
 US**

**P.O. BOX 152136
 TAMPA FL 33684
 US**

2. Principal Place of Business

3. Mailing Address

4009 N. Lynn Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tampa, FL

Zip **33603**

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

23-7259331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

REED, WILLIAM S.

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

9839 Domingo Dr.

City

Brooksville

FL

Zip Code

34601

8. 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 **William S. Reed, M.D.**

X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
 NAME **THORNTON, CAROLYN**
 STREET ADDRESS **5115 LAKE LECLARE**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☒ Change ☐ Addition
 NAME ☒ Change ☐ Addition
 STREET ADDRESS ☒ Change ☐ Addition
 CITY-ST-ZIP ☒ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **D** ☐ Delete
 NAME **CASTELLANO, JOSEPHINE**
 STREET ADDRESS **305 N HESPERIDES**
 CITY-ST-ZIP **TAMPA FL 33609**

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE ☒ Change ☐ Addition
 NAME ☒ Change ☐ Addition
 STREET ADDRESS ☒ Change ☐ Addition
 CITY-ST-ZIP ☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 813 932 3688

Daytime Phone #

CR2E037 (9/01)