


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 721956 1. Entity Name CHRISTIAN MEDICAL FOUNDATION INTERNATIONAL, INC.	
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Principal Place of Business
**4009 N. LYNN AVENUE
TAMPA, FL 33603 US**

Mailing Address
**P.O. BOX 152136
TAMPA, FL 33684 US**



04282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-7259331	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**REED, WILLIAM S
9839 DOMINGO DR.
BROOKSVILLE, FL 34601?**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000153204
05/04/04-80118-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNTON, CAROLYN 5115 LAKE LECLARE LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REED, WILLIAM S MD 9839 DOMINGO DR. BROOKSVILLE, FL 34601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, GENE 502 E MORRELL DR PLANT CITY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTELLANO, JOSEPHINE 305 N HESPERIDES TAMPA, FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RASSMUSSEN, RONALD 12301 SUNSHINE LANE TREASURE ISLAND, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST REED, KAY 9839 DOMINGO DR. BROOKSVILLE, FL 34601

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IN THIS SPACE**

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

4/28/04 **813-932-3688**
Date Daytime Phone #