


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90243 026 \*\*\*\*70.00

<b>DOCUMENT # 721956</b> 1. Entity Name <b>CHRISTIAN MEDICAL FOUNDATION INTERNATIONAL, INC.</b>					
Principal Place of Business <b>4009 N. LYNN AVENUE TAMPA, FL 33603 US</b>			Mailing Address <b>P.O. BOX 152136 TAMPA, FL 33684 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02262006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>23-7259331</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>REED, WILLIAM S 9839 DOMINGO DR. BROOKSVILLE, FL 34601?</b>			Name <b>Reed, William S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>601 W. Emma St</b> City <b>Tampa</b> FL Zip Code <b>33603</b>		
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 <i>William S. Reed</i> <b>4-30-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D THORNTON, CAROLYN 5115 LAKE LECLARE LUTZ, FL 33549</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>17205 Squirrel Prairie Rd Brooksville FL 34604</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD REED, WILLIAM S MD 9839 DOMINGO DR. BROOKSVILLE, FL 34601</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>601 W. Emma St. Tampa FL 34603</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WOLFE, GENE 502 E MORRELL DR PLANT CITY, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CASTELLANO, JOSEPHINE 305 N HESPERIDES TAMPA, FL 33609</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Ann McPherson Director 5409 Drinkard Dr. New Port Richey, FL 34653</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RASSMUSSEN, RONALD 12301 SUNSHINE LANE TREASURE ISLAND, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST REED, KAY 9839 DOMINGO DR. BROOKSVILLE, FL 34601</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Deceased</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE: Carolyn Thornton</b> <b>Carolyn Thornton</b> <b>4/30/06</b> <b>813/230-2711</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					