


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90031 018 ****61.75

DOCUMENT # 721956 1. Entity Name CHRISTIAN MEDICAL FOUNDATION INTERNATIONAL, INC.					
Principal Place of Business 4009 N. LYNN AVENUE TAMPA, FL 33603 US			Mailing Address P.O. BOX 152136 TAMPA, FL 33684 US		
2. Principal Place of Business -- No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7259331	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REED, WILLIAM S. 601 W EMMA ST TAMPA, FL 33603				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete THORNTON, CAROLYN 17205 SQUIRREL PRAIRE RD BROOKSVILLE, FL 34604		TITLE NAME STREET ADDRESS CITY - ST - ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete REED, WILLIAM S MD 601 W EMMA ST TAMPA, FL 34603		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete WOLFE, GENE 502 E MORRELL DR PLANT CITY, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Delete CASTELLANO, JOSEPHINE 305 N HESPERIDES TAMPA, FL 33609		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Fraley, Charles M.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition S/D 12730 3rd Isle, Leisure Beach Hudson, FL 34674	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete RASSMUSSEN, RONALD 12301 SUNSHINE LANE TREASURE ISLAND, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete MCHERSON, ANN 5409 DRINKARD DR NEW PORT RICHEY, FL 34653		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>William S. Reed M.D.</u> 4/29/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					