

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90191 020 ****70.00

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			
Zip	Country	Zip	Country		
4. FEI Number 23-7259331				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" 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)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	TD THORNTON, CAROLYN 17205 SQUIRREL PRAIRE RD BROOKSVILLE, FL 34604 <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	PD REED, WILLIAM S MD 601 W EMMA ST TAMPA, FL 33603 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOLFE, GENE 502 E MORRELL DR PLANT CITY, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 33566	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRALEY, CHARLES MD 12730 3RD ISLE HUDSON, FL 34674 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD Reed, Coppi 601 W. Emma St Tampa, FL 33603	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RASMUSSEN, RONALD 12301 SUNSHINE LANE TREASURE ISLAND, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Rasmussen, Ronald 10212 58th St. Pineellas Park, FL 33782	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MC PHERSON, ANN 5409 DRINKARD DR NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mc Pheron	
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>Carolyn Thornton</u> <u>Carolyn Thornton</u> <u>4/28/08</u> <u>813/230-2711</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					