

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721956

FILED  
Mar 10, 2009  
Secretary of State

**Entity Name:** CHRISTIAN MEDICAL FOUNDATION INTERNATIONAL, INC.

**Current Principal Place of Business:**

4009 N. LYNN AVENUE  
TAMPA, FL 33603 US

**New Principal Place of Business:**

601 W. EMMA STREET  
TAMPA, FL 33603 US

**Current Mailing Address:**

P.O. BOX 152136  
TAMPA, FL 33684 US

**New Mailing Address:**

601 W. EMMA STREET  
TAMPA, FL 33603 US

**FEI Number:** 23-7259331

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REED, WILLIAM S  
601 W EMMA ST  
TAMPA, FL 33603 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: THORNTON, CAROLYN  
Address: 17205 SQUIRREL PRAIRE RD  
City-St-Zip: BROOKSVILLE, FL 34604

Title: PD ( ) Delete  
Name: REED, WILLIAM S MD,  
Address: 601 W EMMA ST  
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete  
Name: WOLFE, GENE  
Address: 502 E MORRELL DR  
City-St-Zip: PLANT CITY, FL 33566

Title: SD ( ) Delete  
Name: REED, COPPI  
Address: 601 W EMMA ST  
City-St-Zip: TAMPA, FL 33603

Title: VD ( ) Delete  
Name: RASMUSSEN, RONALD  
Address: 10212 58TH ST  
City-St-Zip: PINELLAS PARK, FL 33782

Title: D ( ) Delete  
Name: MCPHERSON, ANN  
Address: 5409 DRINKARD DR  
City-St-Zip: NEW PORT RICHEY, FL 34653

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COPPI REED

SD

03/10/2009

Electronic Signature of Signing Officer or Director

Date