

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721956

FILED
Apr 20, 2011
Secretary of State

Entity Name: CHRISTIAN MEDICAL FOUNDATION INTERNATIONAL, INC.

Current Principal Place of Business:

601 W. EMMA STREET
TAMPA, FL 33603 US

New Principal Place of Business:

Current Mailing Address:

601 W. EMMA STREET
TAMPA, FL 33603 US

New Mailing Address:

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:

REED, JOANN
601 W EMMA ST
TAMPA, FL 33603 US

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: JOANN REED

04/20/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOANN REED

D

04/20/2011

Electronic Signature of Signing Officer or Director

Date