

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91871 041 \*\*\*\*61.25

**DOCUMENT # 721956**

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



Principal Place of Business

**730 W EMMA ST  
TAMPA FL 33603  
US**

Mailing Address

**P.O. BOX 152136  
TAMPA FL 33684  
US**

2. Principal Place of Business

**4009 N. Lynn Avenue**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

Zip

**33603  
USA**

Country

4. FEI Number **23-7259331**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**REED, WILLIAM S  
9839 DOMINGO DR.  
BROOKSVILLE FL 34-601?**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete  
NAME **THORNTON, CAROLYN**  
STREET ADDRESS **5115 LAKE LECLARE**  
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **PD** ☐ Delete  
NAME **REED, WILLIAM S MD**  
STREET ADDRESS **9839 DOMINGO DR.**  
CITY-ST-ZIP **BROOKSVILLE FL-34601**

TITLE **D** ☐ Delete  
NAME **WOLFE, GENE**  
STREET ADDRESS **502 E MORRELL DR**  
CITY-ST-ZIP **PLANT CITY FL**

TITLE **D** ☐ Delete  
NAME **CASTELLANO, JOSEPHINE**  
STREET ADDRESS **305 N HESPERIDES**  
CITY-ST-ZIP **TAMPA FL 33609**

TITLE **D** ☐ Delete  
NAME **RASSMUSSEN, RONALD**  
STREET ADDRESS **12301 SUNSHINE LANE**  
CITY-ST-ZIP **TREASURE ISLAND FL**

TITLE **ST** ☐ Delete  
NAME **REED, KAY**  
STREET ADDRESS **9839 DOMINGO DR.**  
CITY-ST-ZIP **BROOKSVILLE FL 34601**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Carolyn Thornton** **4/30/03** **813/932-3688**

CR2E037 (10/02)