

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001879

FILED
Apr 13, 2009
Secretary of State

Entity Name: CHRISTIAN MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

2615 SERENITY CIRCLE NORTH
FORT PIERCE, FL 34981

New Principal Place of Business:

Current Mailing Address:

2615 SERENITY CIRCLE NORTH
FORT PIERCE, FL 34981

New Mailing Address:

FEI Number: 31-1214667

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOD, L. LYNN
2615 SERENITY CIRCLE NORTH
FORT PIERCE, FL 34981 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: CEO () Delete
Name: HOOD, L. LYNN
Address: 2615 SERENITY CIRCLE NORTH
City-St-Zip: FORT PIERCE, FL 34981

Title: VP () Delete
Name: HOOD, FRANCINE P
Address: 2615 SERENITY CIRCLE NORTH
City-St-Zip: FORT PIERCE, FL 34981

Title: VP () Delete
Name: ALENCAR, GENETON
Address: 5221 MAGELLAN WAY WEST
City-St-Zip: DELRAY BEACH, FL 33484

Title: ST () Delete
Name: HOOD, SHAMENE
Address: 2373 SE SIDONIA STREET
City-St-Zip: PORT ST. LUCIE, FL 34952

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:

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: FRANCINE P HOOD

VP

04/13/2009

Electronic Signature of Signing Officer or Director

Date