

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003531

FILED
Apr 16, 2009
Secretary of State

Entity Name: CHRISTIAN PHARMACISTS FELLOWSHIP INTERNATIONAL, INC.

Current Principal Place of Business:

1314 SOUTH DIXIE HIGHWAY
WEST PALM BEACH, FL 33401

New Principal Place of Business:

1314 SOUTH DIXIE HIGHWAY
WEST PALM BEACH, FL 33416

Current Mailing Address:

PO BOX 24708
WEST PALM BEACH, FL 334164708

New Mailing Address:

FEI Number: 52-1419500 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FERRILL, MARY J
1314 SOUTH DIXIE HIGHWAY
WEST PALM BEACH, FL 334164708 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: P () Delete
Name: HAMES, HERBERT
Address: 672 OLD FRIARS RD
City-St-Zip: COLUMBIA, SC 292103723

Title: E () Delete
Name: ECKEL, FRED
Address: 109 CHURCH STREET
City-St-Zip: CHAPEL HILL, NC 27516

Title: VP () Delete
Name: CARLSON, GREGORY
Address: 4137 TUDOR ORCHARD ROAD
City-St-Zip: STUART, VA 241713087

Title: S () Delete
Name: PHILLIPS, JOHN
Address: 5227 DOE MEADOW COURT
City-St-Zip: CROUSE, NC 28033

Title: T () Delete
Name: RINEHART, WAYNE
Address: 10702 CHESTNUT HILLS DRIVE
City-St-Zip: MATTHEWS, NC 281057600

Title: D () Delete
Name: ALLHANDS, KEITH
Address: 22 BEAR BRANCH RD
City-St-Zip: DILLSBORO, IN 47018

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:

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City-St-Zip:

Title: () Change () Addition
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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: HERBERT HAMES

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date