2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# F95000004587

Entity Name: CHRISTIAN INTERNATIONAL NETWORK OF CHURCHES, INC.

Current Principal Place of Business:

177 APOSTLES WAY
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9000
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 35-1769551 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMON, TIMOTHY T DR
326 HAMON AVE
SANTA ROSA BEACH, FL 32459 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:	VP	( ) Delete
Name:	WALTERS, LEON	
Address:	2377 E. COUNTY RD. 250 S.	
City-St-Zip:	VERSAILLES, IN 47042	
Title:	D	( ) Delete
Name:	HAMON, TIMOTHY T DR	
Address:	326 HAMON AVE	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	D	( ) Delete
Name:	WATSON, JOHN DR	
Address:	1550 RICHLAND ROAD	
City-St-Zip:	MARION, OH 43302	
Title:	PD	( ) Delete
Name:	DAVIS, JIM DR	
Address:	4101 TATES CREEK DR PMB 334	
City-St-Zip:	LEXINGTON, KY 40517	
Title:	D	( ) Delete
Name:	HAMON, TOM	
Address:	325 HAMON AVENUE	
City-St-Zip:	SANTA ROSA BEACH, FL 32459	
Title:	D	( ) Delete
Name:	FREED, MICKEY	
Address:	749 BANDIT TRAIL	
City-St-Zip:	NORTH RICHLAND HILLS, TX 76180	

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 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: TIMOTHY T. HAMON D 01/11/2007

Electronic Signature of Signing Officer or Director — Date