

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004587

FILED  
Mar 14, 2008  
Secretary of State

**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: PD (X) Change ( ) Addition  
Name: SHEEHAN, GALE  
Address: P.O. BOX 1618  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D (X) Change ( ) Addition  
Name: GAY, ROBERT  
Address: 7124 EAST HIGHWAY 22  
City-St-Zip: PANAMA CITY, FL 32404

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: SHERILYN MILLER

S

03/14/2008

Electronic Signature of Signing Officer or Director

Date