

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004587

FILED
Mar 29, 2010
Secretary of State

Entity Name: CHRISTIAN INTERNATIONAL APOSTOLIC NETWORK, 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
Name: WALTERS, LEON
Address: 2377 E. COUNTY RD. 250 S.
City-St-Zip: VERSAILLES, IN 47042

Title: D
Name: HAMON, TIMOTHY T DR
Address: 326 HAMON AVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: PD
Name: SHEEHAN, GALE
Address: P.O. BOX 1618
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

Title: D
Name: HAMON, TOM
Address: 325 HAMON AVENUE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D
Name: FREED, MICKEY
Address: 749 BANDIT TRAIL
City-St-Zip: NORTH RICHLAND HILLS, TX 76180

I hereby 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 all other like empowered.

SIGNATURE: SHERILYN MILLER

SEC

03/29/2010

Electronic Signature of Signing Officer or Director

Date