

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000001401

1. Entity Name

CHRIST FAMILY CHURCH INTERNATIONAL, INC.



Principal Place of Business

130 WEST OAKDALE AVENUE
CRESTVIEW FL 32536

Mailing Address

PO BOX 953
CRESTVIEW FL 32536

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

80-0020302

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

REDDICK, DAVID
130 WEST OAKDALE AVENUE
CRESTVIEW FL 32536

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
D REDDICK, DAVID PASTOR
STREET ADDRESS 130 WEST OAKDALE AVENUE
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE NAME ☐ Delete
D REDDICK, LISA PASTOR
STREET ADDRESS 130 WEST OAKDALE AVENUE
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE NAME ☐ Delete
D HAMON, BILL BISHOP
STREET ADDRESS 130 WEST OAKDALE AVENUE
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE NAME ☐ Delete
D HAMON, TIM
STREET ADDRESS 130 WEST OAKDALE AVENUE
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE NAME ☐ Delete
D KEARNEY, SCOTT
STREET ADDRESS 130 WEST OAKDALE AVE.
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000021136
CITY-ST-ZIP 01/29/04-80097-003 61.25

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE:

David Reddick

PASTOR DAVID REDDICK

1-26-04

850-683-816