

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005095

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: CHOICES MINISTRY TAMPA INT'L, INC.

## Current Principal Place of Business:

75-5851 KUAKINI HWY #240  
KAILUA KONA, HI 96740

## New Principal Place of Business:

## Current Mailing Address:

75-5851 KUAKINI HWY, #240  
KAILUA KONA, HI 96740

## New Mailing Address:

FEI Number: 59-3732516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLARK, CHERYL  
2248 MONMOUTH DR.  
ODESSA, FL 33556 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: D ( ) Delete  
Name: FOTH, KRISTY  
Address: 75-5851 KUAKINI HWY 3240  
City-St-Zip: KAILUA KONA, HI 96740

Title: D ( ) Delete  
Name: FOTH, STEVEN  
Address: 75-5851 KUAKINI HWY #240  
City-St-Zip: KAILUA KONA, HI 96740

Title: S ( ) Delete  
Name: SCHAEZTLE, MATTHEW  
Address: 75-5851 KUAKINI HWY #240  
City-St-Zip: KAILUA KONA, HI 96740

Title: VP ( ) Delete  
Name: FOTH, KRISTY  
Address: 76-6311 HAKU PL  
City-St-Zip: KAILUA KONA, HI 96740

Title: D ( ) Delete  
Name: FITTS, KATHY  
Address: 76-6318 MAHUAHUA PL  
City-St-Zip: KAILUA KONA, HI 96740

Title: P ( ) Delete  
Name: FOTH, STEVEN  
Address: 76-6311 HAKU PL  
City-St-Zip: KAILUA KONA, HI 96740

## 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: STEVEN FOTH

D

04/04/2007

Electronic Signature of Signing Officer or Director

Date