2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008
Secretary of State

DOCUMENT# N01000005095

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:	SCHAETZLE, 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:	D	(X) Change ( ) Addition
Name:	SCHAETZLE, MATTHEW	
Address:	75-5851 KUAKINI HWY #240	
City-St-Zip:	KAILUA KONA, HI 96740	
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: STEVEN FOTH P 04/08/2008

Electronic Signature of Signing Officer or Director — Date