



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90011 011 ****61.25

DOCUMENT # N04000004587			
1. Entity Name FOUNDATION FOR INTERNATIONAL MISSIONS, INC.			
Principal Place of Business 1ST PRESBYTERIAN CHURCH OF ST PETERSBURG 701 BEACH DR NE ST PETERSBURG, FL 33701-2618		Mailing Address 1ST PRESBYTERIAN CHURCH OF ST PETERSBURG 701 BEACH DR NE ST PETERSBURG, FL 33701-2618	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HOCHADEL, TOM 701 BEACH DR NE SAINT PETERSBURG, FL 33701		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRINKMAN, KYLE R	NAME	Avenitt, Sandra
STREET ADDRESS	5128 49 AVE N	STREET ADDRESS	6755 30th St. S.
CITY-ST-ZIP	ST PETERSBURG, FL 337095918	CITY-ST-ZIP	St. Petersburg, Fl. 33712
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COATES, ROBERT M	NAME	Eric Kolbinsky, Eric
STREET ADDRESS	4150 HELENA ST NE	STREET ADDRESS	4300 14 Way NE
CITY-ST-ZIP	ST PETERSBURG, FL 337035449	CITY-ST-ZIP	St. Petersburg, Fl. 33703
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOCHADEL, THOMAS J	NAME	Gunthner, Kim
STREET ADDRESS	1178 42 AVE NE NE	STREET ADDRESS	1149 6th Ave NE
CITY-ST-ZIP	ST PETERSBURG, FL 337035238	CITY-ST-ZIP	Largo, Fl. 33770
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHLECHT, SUSAN	NAME	Houghton, Beth
STREET ADDRESS	1227 14TH AVE N	STREET ADDRESS	3637 4th St. N Suite 395
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705	CITY-ST-ZIP	St. Petersburg, Fl. 33704
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, JOSEPH A	NAME	Ginn, Ronn
STREET ADDRESS	11908 HADLEIGH WAY	STREET ADDRESS	7112 7th Ave N.
CITY-ST-ZIP	TRINITY, FL 346557164	CITY-ST-ZIP	St. Petersburg, Fl. 33710
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLECHT, GLEN	NAME	Schlecht, Glenn
STREET ADDRESS	1227 14TH AVE N	STREET ADDRESS	1227 14th Ave N
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705	CITY-ST-ZIP	St. Petersburg, Fl. 33705
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		Date: _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			