

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010881

FILED
May 01, 2008
Secretary of State

Entity Name: CHRISTIAN UNITED FELLOWSHIP MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

7975 S BEDFORD RD
FLORAL CITY, FL 34436

New Principal Place of Business:

Current Mailing Address:

PO BOX 93
FLORAL CITY, FL 34436

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BRYANT, DAVID R
1254 S ROCK CRUSHER RD
HOMOSASSA, FL 34448 US

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: CD () Delete
Name: BRYANT, DAVID R
Address: 1254 S ROCK CRUSHER RD
City-St-Zip: HOMOSASSA, FL 34448

Title: VCD () Delete
Name: CONLEY, TIMOTHY
Address: 16033 DONNIEVILLE DR
City-St-Zip: DADE CITY, FL 33523

Title: TD () Delete
Name: GAINER, STEPHANIE
Address: 1254 S ROCK CRUSHER RD
City-St-Zip: HOMOSASSA, FL 34448

Title: SD () Delete
Name: LANGLEY, FLORENCE E
Address: 7975 S BEDFORD RD
City-St-Zip: FLORAL CITY, FL 34436

Title: D () Delete
Name: LIVINGSTON, DEMETRIA M
Address: 39809 COLE AVE
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: D () Delete
Name: BLAIR, SHEILA A
Address: 13091 SADDLE WAY
City-St-Zip: BROOKSVILLE, FL 34614

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 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: FLORENCE E LANGLEY

SD

05/01/2008

Electronic Signature of Signing Officer or Director

Date