

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N21373**

1. Entity Name  
CBMC INTERNATIONAL, INC.



Principal Place of Business  
1065 NORTH 115TH STREET, #210  
OMAHA, NE 68154

Mailing Address  
1065 NORTH 115TH STREET, #210  
OMAHA, NE 68154



04042008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
58-1744271

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

STINZIANO, JOHN L  
5551 RIDGEWOOD DRIVE  
STE. 555  
NAPLES, FL 34108

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

1000000886161  
04/18/08-80044-011 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	MILLER, CHARLES
STREET ADDRESS	13797 SILVER CREEK PLACE
CITY-ST-ZIP	ORO VALLEY, AZ 85737
TITLE	D
NAME	GARRISON, STEPHEN
STREET ADDRESS	13421 MT. HOOD DRIVE
CITY-ST-ZIP	SANTA ANA, CA 92705
TITLE	S
NAME	HWANG, SAM
STREET ADDRESS	550 TOWNSHIP LINE RD, STE 400
CITY-ST-ZIP	BLUE BELL, PA 19422
TITLE	D
NAME	MITCHELL, DON
STREET ADDRESS	2756 LONG WINTER LANE
CITY-ST-ZIP	OAKLAND TOWNSHIP, MI 48636
TITLE	C
NAME	JOHNSTON, JIM
STREET ADDRESS	29 PURDYSBURN HILL
CITY-ST-ZIP	BELFAST BT88JY N IRELAND,
TITLE	P
NAME	MILLIGAN, ROBERT
STREET ADDRESS	1065 N. 115TH ST., STE 210
CITY-ST-ZIP	OMAHA, NE 68154

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Nicole Brownell, Nicole Brownell* 4/3/08 402-431-0002  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Ministry Coordinator

Daytime Phone # X1003