

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45118

FILED
Apr 17, 2009
Secretary of State

Entity Name: CHRISTIAN INTERNATIONAL NETWORK OF PROPHETIC MINISTRIES, INC.

Current Principal Place of Business:

177 APOSTLES WAY
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 9000
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-3096327 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HAMON, TIMOTHY T DR
326 HAMON AVENUE
SANTA ROSA BEACH, FL 32459 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: PD () Delete
Name: HAMON, BILL
Address: 379 HAMON AVENUE
City-St-Zip: SANTA ROSA BEACH, FL

Title: VPD () Delete
Name: WALTERS, LEON
Address: 2377 EAST 250 SOUTH
City-St-Zip: VERSAILLES, IN 47042

Title: D () Delete
Name: HAMON, EVELYN
Address: 410 MCKENNY RD
City-St-Zip: SANTA ROSA BEACH, FL

Title: D () Delete
Name: LARRY, BIZETTE
Address: 7502 DON BUDGE AVENUE
City-St-Zip: BABATON ROUGE, LA 70810

Title: SD () Delete
Name: MILLER, SHERILYN
Address: 293 HAMON AVENUE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: T () Delete
Name: HAMON, TIM
Address: 326 HAMON AVENUE
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JIM, STEVENS
Address: 1550 RICHLAND ROAD
City-St-Zip: MARION, OH 43302

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: SHERILYN MILLER

SD

04/17/2009

Electronic Signature of Signing Officer or Director

Date