2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008
Secretary of State

DOCUMENT# N45119

Entity Name: CHRISTIAN INTERNATIONAL FAMILY CHURCH, INC.

Current Principal Place of Business:

5200 E. HWY. 98
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

5200 E. HWY. 98
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-3096177 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Title: D ( ) Delete
Name: SHEEHAN, GALE
Address: 177 APOSTLES WAY
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: TD ( ) Delete
Name: HAMON, JANE
Address: 325 HAMON AVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: JOHNSON, CHARLIE
Address: 195 HAMON AVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: PD ( ) Delete
Name: HAMON, THOMAS,
Address: 325 HAMON AVE.
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete
Name: LACKIE, BILL
Address: 110 PROPHETS PKWY
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: ( ) 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: THOMAS S. HAMON PD 02/29/2008

Electronic Signature of Signing Officer or Director — Date