

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45119

FILED  
Apr 29, 2009  
Secretary of State

**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:**

5200 E. HWY. 98  
MISSY@CIFAMILYCHURCH.ORG  
SANTA ROSA BEACH, FL 32459

**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: TIMOTHY HAMON

D

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date