

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002133

FILED
Apr 15, 2007
Secretary of State

Entity Name: CHRISTIAN INTERNATIONAL MISSIONS UNLIMITED, INC.

Current Principal Place of Business:

30 APOSTLES WAY
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 9000
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-3322231

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENNINGS, WILLIAM K
99 N 6 ST
DEFUNIAK SPRINGS, FL 32433 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: BUCK, DARRELL G
Address: 21345 S. GABBY HAYES ROAD
City-St-Zip: YUCCA, AZ 86438

Title: VD () Delete
Name: BUCK, LENORA J
Address: 21345 S. GABBY HAYES ROAD
City-St-Zip: YUCCA, AZ 86438

Title: D () Delete
Name: SMITH, FLOYD
Address: 8818 WARD N RD
City-St-Zip: KINSMAN, OH 44428

Title: TSD () Delete
Name: BUCK, DAVID
Address: 21345 S. GABBY HAYES ROAD
City-St-Zip: YUCCA, AZ 86438

Title: D () Delete
Name: BUCK, BRIAN
Address: 2690 MT VERNON RD
City-St-Zip: DUNWOODY, GA 30338

Title: D () Delete
Name: BUCK, RICHARD
Address: 8716 E OAK ST
City-St-Zip: SCOTTSDALE, AZ 85257

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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 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: DAVID E. BUCK

TSD

04/15/2007

Electronic Signature of Signing Officer or Director

Date