

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005550

FILED  
Feb 21, 2006  
Secretary of State

Entity Name: CHRIST INTERVENTION MINISTRIES, INC.

**Current Principal Place of Business:**

1029 WIDEVIEW AVE  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

CHRIST INTERVENTION MINISTRIES, INC.  
P. O. BOX 664  
TARPON SPRINGS, FL 34688 US

**New Mailing Address:**

FEI Number: 59-3349508      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOLA, DOMINIC  
1029 WIDEVIEW AVE  
TARPON SPRINGS, FL 34689 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: SOLA, DOMINIC  
Address: 1029 WIDEVIEW AVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: D ( ) Delete  
Name: GILPIN, ELROY A JR.  
Address: 6925 DAFFODIL DR  
City-St-Zip: BROOKSVILLE, FL 34601

Title: TSD ( ) Delete  
Name: BACCHI, NICHOLAS J  
Address: 2053 MAXIMILIAN AVE  
City-St-Zip: SPRING HILL, FL 34609

Title: VD ( ) Delete  
Name: SOLA, NOMI  
Address: 1029 WIDEVIEW AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VD (X) Change ( ) Addition  
Name: GILPIN, ELROY A JR.  
Address: 6925 DAFFODIL DR  
City-St-Zip: BROOKSVILLE, FL 34601

Title: D (X) Change ( ) Addition  
Name: BACCHI, NICHOLAS J  
Address: 2053 MAXIMILIAN AVE  
City-St-Zip: SPRING HILL, FL 34609

Title: TSD (X) Change ( ) Addition  
Name: SOLA, NOMI  
Address: 1029 WIDEVIEW AVENUE  
City-St-Zip: TARPON SPRINGS, FL 34689

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: DOMINIC SOLA

PD

02/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date