2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007
Secretary of State

DOCUMENT# N95000005550

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

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

Title: TSD ( ) 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: ( ) 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 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 03/29/2007

Electronic Signature of Signing Officer or Director — Date