

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006106

FILED  
Feb 27, 2012  
Secretary of State

**Entity Name:** CHRISTIAN MINISTRIES INTERNATIONAL FELLOWSHIP, INC.

**Current Principal Place of Business:**

2234 N. FEDERAL HIGHWAY  
#458  
BOCA RATON, FL 33431

**New Principal Place of Business:**

1300 NW 4TH AVENUE  
BOCA RATON, FL 33432

**Current Mailing Address:**

2234 N. FEDERAL HIGHWAY  
#458  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 65-0881907      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BOYKIN, MARK D  
2437 NW 62ND STREET  
BOCA RATON, FL 33496      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:** DV/T  
**Name:** HENRICHS, ELKE R MISS  
**Address:** 2501 RED HIBISCUS BLVD #104  
**City-St-Zip:** DELRAY BEACH, FL 33445

**Title:** DP  
**Name:** BOYKIN, MARK D REV.  
**Address:** 2437 NW 62ND STREET  
**City-St-Zip:** BOCA RATON, FL 33496

**Title:** D  
**Name:** GOMES, LEIZA C REV.  
**Address:** 5544 PAGEANT PLACE  
**City-St-Zip:** MARGATE, FL 33063

**Title:** D  
**Name:** BOYKIN, ELIZABETH A REV.  
**Address:** 2437 NW 62ND STREET  
**City-St-Zip:** BOCA RATON, FL 33496

**Title:** DS  
**Name:** KULCZYCKY, MARC B REV.  
**Address:** 7248 CATALUNA CIRCLE  
**City-St-Zip:** DELRAY BEACH, FL 33446

**Title:** D  
**Name:** HANSEN, LILLY D REV  
**Address:** 8458 DYNASTY DRIVE  
**City-St-Zip:** BOCA RATON, FL 33433

I hereby 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 all other like empowered.

SIGNATURE: ELKE HENRICHS

DV/T

02/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date