

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00276

FILED
Aug 29, 2007
Secretary of State

Entity Name: CHRISTIAN INTERNATIONAL CORPORATION

Current Principal Place of Business:

177 APOSTLES WAY
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9000
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 23-7079590 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HAMON, TIMOTHY T DR
326 HAMON AVE
SANTA ROSA BEACH, FL 32459 US

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: D () Delete
Name: DAVIS, JAMES
Address: 4101 TATES CREEK DR PMB 334
City-St-Zip: LEXINGTON, KY 40517

Title: D () Delete
Name: HAMON, BILL DR
Address: 379 HAMON AVENUE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: THOMAS, KIMBERLY
Address: 67 SUZANNE DR
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: PD () Delete
Name: HAMON, TIMOTHY
Address: 326 HAMON AVE
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D () Delete
Name: WATSON, JOHN
Address: 1550 RICHLAND RD
City-St-Zip: MARION, OH 43302

Title: VD () Delete
Name: MILLER, SHERILYN
Address: 7476 MOBILE HIGHWAY
City-St-Zip: PENSACOLA, FL 32526

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
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 T. HAMON

PD

08/29/2007

Electronic Signature of Signing Officer or Director

Date