2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00276

FILED Mar 14, 2008 Secretary of State

Entity Name: CHRISTIAN INTERNATIONAL CORPORATION

Current Principal Place of Business: New Principal Place of Business: 177 APOSTLES WAY SANTA ROSA BEACH, FL 32459 US **Current Mailing Address: New Mailing Address:** P.O. BOX 9000 SANTA ROSA BEACH, FL 32459 US FEI Number: 23-7079590 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete DAVIS, JAMES SHEEHAN, GALE Name: Name: 4101 TATES CREEK DR PMB 334 Address: P.O. BOX 1618 Address: City-St-Zip: LEXINGTON, KY 40517 City-St-Zip: SANTA ROSA BEACH, FL 32459 Title: () Delete Title: () Change () Addition HAMON, BILL DR Name: Name: Address: 379 HAMON AVENUE Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: Title: () Delete Title: () Change () Addition THOMAS, KIMBERLY Name: Name: Address: 67 SUZANNE DR Address: SANTA ROSA BEACH, FL 32459 City-St-Zip: City-St-Zip: Title: PD () Delete Title: () Change () Addition Name: HAMON, TIMOTHY Name: Address: 326 HAMON AVE Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: Title: () Delete Title: (X) Change () Addition WATSON, JOHN GAY, ROBERT Name: Name: 1550 RICHLAND RD 7124 EAST HIGHWAY 22 Address: Address: City-St-Zip: MARION, OH 43302 City-St-Zip: PANAMA CITY, FL 32404 Title: () Delete Title: () Change () Addition MILLER, SHERILYN Name: Name: Address: 7476 MOBILE HIGHWAY Address: PENSACOLA, FL 32526 City-St-Zip: 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: SHERILYN MILLER VP 03/14/2008