## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 768955 1. Corporation Name

CHURCH OF POSITIVE LIVING, INC.

Principal Place of Business 7327 CENTERWOOD AVE. SPRING HILL FL 34606

Mailing Address

7327 CENTERWOOD AVE. SPRING HILL FL 34606

## **FILED** Mar 10, 1999 8:00 am § Secretary of State

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<b>—</b>	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 06/15/1983		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Appli	ed For
22		27			NOT APPLICABLE	Not A	\pplicable
City & Stat	te	City & State			E Cartifacta of Status Desired	<b>3.75</b> Add Fee Requ	
Zip	Country	Zip	Cour	itry	6. Election Campaign Financing	<b>5.00</b> м	ay Be
24	25	29 3	0		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agen	t	
				81 Name	·		
STEELY, I	renee rev.		ŀ	82 Street	Address (P.O. Box Number is Not Acceptable)		
	ITERWOOD AVE.		L				
SPRING F	IILL FL 34606			83	•		
				84 City	FL  85	Zip Co	de
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508. Florida Statutes	the ab	ove-named	corporation submits this statement for the purpose of chan	ging its re	gistered
office or r agent. Va	egistered agent, or both, in the State of imfamiliar with, and accept the obligation	of Florida. Such change was autions of, Section 617,0503, Florid	horized Ia Statu	by the corpo	oration's board of directors. I hereby accept the appointmen	nt as regis ∕∡	stered
SIGNATURE	der Jene	Alux		Yen	required when reinstating)  DATE  DATE	<u> </u>	
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	Agent signature in	required when reinstating) DATE / ADDITIONS/CHANGES TO OFFICERS AND DI	RECTOR	S IN 12
TITLE	PD	☐ DELETE	1.1 TIT	E		Change	Addition
NAME	STEELY, RENEE		1.2 NA				
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34606		1.4 CIT	Y-ST-ZIP			
TITLE	VPD	☐ DELETE	2.1 TIT			Change	Addition
NAME	RILEY, DANIELLE		2.2 NA	νŒ			
STREET ADDRESS	*******		2.3 STI	REET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33603		2.4 CT	Y-ST-ZIP			
TITLE	D	☐ DELETE	3.1 TIT			Change	Addition
NAME	DUZIN, RAYMOND		3.2 NA	νŒ			
STREET ADDRESS			3.3 STI	REET ADDRESS			
CITY-ST-ZIP	SPRING HILLS FL 34606		3.4. CF	Y-ST-ZIP			
กกะ		☐ DELETE	4.1 TIT	LE		Change	☐ Addition
NAME			4. 2 NA	ME		•	
STREET ADDRESS			4.3 STI	REET ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP			
TITLE		☐ DELETE	5.1 TIT	LE		Change	Addition
NAME			5.2 NA	ME			1
STREET ADDRESS			5.3 ST	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELETE	6.1 TIT	LE		Change	Addition
NAME			6.2 NA	ME			
STREET ADDRESS			6.3 ST	REET ADDRESS			
	<u> </u>		64.00	V. ST. 7ID			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this aprulal report or supplier ental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or op an attachment with an address, with all other like empowered.

SIGNATURE: