

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006600

FILED
Jul 11, 2008
Secretary of State

Entity Name: CHRISTIAN VALUE LIVING INC.

Current Principal Place of Business:

11696 LAUREL VALLEY CIR
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

11696 LAUREL VALLEY CIR
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-1137425 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:

ARMSTRONG, MICHELLE
11696 LAUREL VALLEY CIR
WELLINGTON, FL 33414 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: PRES () Delete
Name: ARMSTRONG, MICHELLE
Address: 11696 LAUREL VALLEY CIR
City-St-Zip: WELLINGTON, FL 33414

Title: SEC. () Delete
Name: ARMSTRONG, STUART
Address: 11696 LAUREL VALLEY CIR
City-St-Zip: WELLINGTON, FL 33414

Title: D () Delete
Name: PAPES, JOSEPH
Address: 4500 S. DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: PINE, SUSAN
Address: P.O. BOX 15601
City-St-Zip: WEST PALM BEACH, FL 33414

Title: VP () Delete
Name: DACCARETTE, EDWARD
Address: 5445 SW WOODHAM ST.
City-St-Zip: PALM CITY, FL 34990

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:

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: MICHELLE ARMSTRONG

PRES

07/11/2008

Electronic Signature of Signing Officer or Director

Date