FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 3:01

DOCUMENT # N33801 (4)

1. Corporation Name

CHRISTIAN LIFE CHURCH OF BREVARD INC.

Principal Place of Business
661 FERNANDINA STREET N.W.
PALM BAY FL 32907

Mailing Address
661 FERNANDINA STREET N.W.
PALM BAY FL 32907

3. Date Incorporated or Qualified: 08/17/1989
3a. Date of Last Report: 03/16/1995

2. Principal Place of Business
21 4620 LIPSCOMB ST.N.E.
Suite, Apt. #, etc. 22 #3
City & State 23 PALM BAY FL
Zip 24 32905 Country 25 BREVARD

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 65-0179766 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

LAITE, LUTHER V., III
661 FERNANDINA ST. NW
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name: LAITE, LUTHER V. III
82 Street Address (P.O. Box Number is Not Acceptable): 4620 LIPSCOMB ST N.E.
83
84 City: PALM BAY FL 85 Zip Code: 32905

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	TPD	☐ DELETE
NAME	LAITE, LUTHER V., III	
STREET ADDRESS	661 FERNANDINA ST. N.W.	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	TD	☐ DELETE
NAME	LAITE, PATRICIA J.	
STREET ADDRESS	661 FERNANDINA ST. N.W.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	TD	☑ DELETE
NAME	STITES, PERRY T.	
STREET ADDRESS	660 FERNANDINA ST. N.W.	
CITY-ST-ZIP	PALM BAY FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TPD	☑ Change ☐ Addition
1.2 NAME	LAITE, LUTHER V. III	
1.3 STREET ADDRESS	4620 LIPSCOMB ST N.E.	
1.4 CITY-ST-ZIP	PALM BAY FL 32905	
2.1 TITLE	TD	☑ Change ☐ Addition
2.2 NAME	LAITE, PATRICIA J.	
2.3 STREET ADDRESS	4620 LIPSCOMB ST N.E.	
2.4 CITY-ST-ZIP	PALM BAY FL 32905	
3.1 TITLE	T.D.	☐ Change ☑ Addition
3.2 NAME	MUNROE, AL	
3.3 STREET ADDRESS	2214 JOSHUA DR N.E.	
3.4 CITY-ST-ZIP	PALM BAY, FL 32905	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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*****61.25 ☐ ****** ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 on an attached amendment, with an address.

SIGNATURE: _____ 5/7/96 Date 407 729-0000 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)