

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90242 012 ****69.00

DOCUMENT # N95000004192

1. Entity Name

CHRISTIAN LIFE FOUNDATION MINISTRIES, INCORPORAT

Principal Place of Business

9026 NW 20TH AVENUE
 MIAMI FL 33167
 US

Mailing Address

12340 W. GOLF DRIVE
 MIAMI FL 33167-1845
 US

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0599711

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired--



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERRY, JAMES L
12340 WEST GOLF DRIVE
MIAMI FL 33167-1845

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	TERRY, JAMES L	
STREET ADDRESS	12340 WEST GOLF DRIVE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, GENICE	
STREET ADDRESS	1010 - SHAW - AVE	
CITY-ST-ZIP	OPA LOCKA FL 33056	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	RAMSEY, EDNA L	
STREET ADDRESS	5041 SW 19 STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	COOLEY, EDNA	
STREET ADDRESS	1521 NW 56TH STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	BMT	<input checked="" type="checkbox"/> Delete
NAME	BRIGGS, DEBRA	
STREET ADDRESS	17426 SW 29 ST	
CITY-ST-ZIP	MIRAMAR FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST Slater, Shenika	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	17311 NW 34 Ave.	
STREET ADDRESS	Carol City, FL 33056	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BMT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jelmiste, Dorothy	
STREET ADDRESS	730 Curtis Drive	
CITY-ST-ZIP	opa-locka, FL 33054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

James L. Terry 4/12/01

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (10/00)