

# 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

**DOCUMENT # N95000004192 (9)**

1. Corporation Name

**CHRISTIAN LIFE FOUNDATION MINISTRIES, INCORPORATED**

Principal Place of Business

**12340 WEST GOLF DRIVE  
MIAMI FL 33167**

Mailing Address

**12340 WEST GOLF DRIVE  
MIAMI FL 33167**



3. Date Incorporated or Qualified  
**08/22/1995**

3a. Date of Last Report  
**7-95**

2. Principal Place of Business

**21 9026 NW 20th Ave.**

2a. Mailing Address

**26 P.O. Box 70035**

4. FEI Number

**65-0599711**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fees Required**

City & State

**23 MIAMI, FL.**

City & State

**28 MIAMI, FL.**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

Zip

Country

**24**

Zip

Country

**29 DADE**

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

9. Name and Address of Current Registered Agent

**TERRY, JAMES L  
12340 WEST GOLF DRIVE  
MIAMI FL 33167**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

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

*James L. Terry*

(NOTE: Registered Agent signature required when reinstating)

**3/6/95**

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

**D  
TERRY, JAMES L REV  
12340 WEST GOLF DRIVE  
MIAMI FL 33167**

TITLE

**D  
ALLEN, IVORY  
2445 NW 87TH TERR  
MIAMI FL 33147**

TITLE

**D  
HARVEY, JOHN  
12310 WEST GOLF DRIVE  
MIAMI FL 33167**

TITLE

**D  
COOLEY, EDNA  
1521 NW 56TH STREET  
MIAMI FL 33142**

TITLE

**D  
BERRY, CLYDE  
2910 NW 156TH STREET  
MIAMI FL 33104**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D  
RAMSEY, EDNA L.  
5041 S.W. 19 STREET  
HOLLYWOOD, FLA. 33023**

**D  
JULMISTE, DOROTHY  
730 CORTIS DR.  
OPA LOCKA, FLA. 33054**

☐ Change

☒ Addition

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☒ 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 attachment with an address.

**SIGNATURE: Edna L. Ramsey - EDNA L. RAMSEY 3-4-96 (305) 964-7839**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)