

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000003971

**FILED**  
**Feb 22, 2013**  
**Secretary of State**  
**CC4132829433**

**Entity Name:** CHRIST LIKENESS SERVICE CENTER INC.

**Current Principal Place of Business:**

16312 MALIBU DR  
WESTON, FL 33326

**Current Mailing Address:**

P.O. BOX 267392  
WESTON, FL 33326

**FEI Number: 45-5019285**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MADURO, TSACHAI N  
16312 MALIBU DR  
WESTON, FL 33326 US

*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

**Officer/Director Detail :**

Title P  
Name MADURO, ALISON A  
Address 16312 MALIBU DR  
City-State-Zip: WESTON FL 33326

Title VP  
Name MADURO, TSACHAI N  
Address 16312 MALIBU DR  
City-State-Zip: WESTON FL 33326

Title TREA  
Name POINTER, GERMAINE  
Address 16312 MALIBU DR  
City-State-Zip: WESTON FL 33326

Title SEC  
Name MADURO, TSACHAI N  
Address 16312 MALIBU DR  
City-State-Zip: WESTON FL 33326

*I hereby 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 all other like empowered.*

**SIGNATURE: TSACHAI N. MADURO**

**VP**

**02/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date