

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000004192

**Entity Name:** CHRISTIAN LIFE FOUNDATION MINISTRIES, INCORPORATED**Current Principal Place of Business:**9026 NW 20TH AVENUE  
MIAMI, FL 33147**Current Mailing Address:**12340 W. GOLF DRIVE  
MIAMI, FL 33167-1845 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TERRY, JAMES L  
12340 WEST GOLF DRIVE  
MIAMI, FL 33167-1845 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            PRESIDENT  
Name            TERRY, JAMES L SR.  
Address        12340 WEST GOLF DRIVE  
City-State-Zip: MIAMI FL 33167

Title            TRUSTEE  
Name            SCOTT, EDWARD SR.  
Address        1010 SHARAR AVE  
City-State-Zip: OPA LOCKA FL 33056

Title            TREASURER  
Name            WHITE, DARIUS  
Address        14155 WEST DIXIE HIGHWAY  
                  APT #5  
City-State-Zip: NORTH MIAMI FL 33161

Title            TRUSTEE  
Name            HAIR, TRACI  
Address        1075 NW 59TH STREET  
City-State-Zip: MIAMI FL 33127

Title            FINANCIAL SECRETARY  
Name            WHITE, JAMIE L  
Address        14155 WEST DIXIE HIGHWAY  
                  APT #5  
City-State-Zip: NORTH MIAMI FL 33161

Title            FINANCE RECORDER  
Name            WILLIAMS, MELANIE  
Address        479 NE 30TH STREET  
                  APT #803  
City-State-Zip: MIAMI FL 33137

Title            TRUSTEE  
Name            HOBES GIBSON, ANNIE  
Address        17311 NW 34TH AVENUE  
City-State-Zip: MIAMI FL 33056

*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: JAMES L TERRY****PASTOR****03/03/2015**

Electronic Signature of Signing Officer/Director Detail

Date