# 2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000001210

Entity Name: CHRISTIAN LEADERS, NFP, INC.

#### **Current Principal Place of Business:**

17771 WEST SPRING LAKE ROAD SPRING LAKE, MI 49456

### **Current Mailing Address:**

17771 WEST SPRING LAKE ROAD SPRING LAKE, MI 49456 US

## FEI Number: 16-1733646

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

WENDEL, JOHN F 5304 S FLORIDA AVE STE 404 LAKELAND, FL 33813 US FILED Jan 16, 2020 Secretary of State 8688277927CC

Date

Certificate of Status Desired: No

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

## Officer/Director Detail :

Title	PST	Title	V
Name	REYENGA, HENRY	Name	FEDDES, DAVID
Address	700 WASHINGTON STE 260	Address	6645 W STEGER RD
City-State-Zip:	GRAND HAVEN MI 49417	City-State-Zip:	MONEE IL 60449
Title	С	Title	DIRECTOR
Name	DECOOK, BRIAN F	Name	ROESCH, DEBORAH
Address	PO BOX 15309	Address	716 SHORE DRIVE EAST
City-State-Zip:	FT. WAYNE IN 46885	City-State-Zip:	OLDSMAR FL 34677
Title	D	Title	D
Title Name	D HAZELTON, TODD	Title Name	D ZILLIG, DAVID
			-
Name	HAZELTON, TODD	Name	ZILLIG, DAVID 11445 9TH ST E
Name Address	HAZELTON, TODD 6823 O'DONIEL LOOP W LAKELAND FL 33809	Name Address	ZILLIG, DAVID 11445 9TH ST E
Name Address City-State-Zip:	HAZELTON, TODD 6823 O'DONIEL LOOP W	Name Address City-State-Zip:	ZILLIG, DAVID 11445 9TH ST E TREASURE ISLAND FL 33706
Name Address City-State-Zip: Title	HAZELTON, TODD 6823 O'DONIEL LOOP W LAKELAND FL 33809 DIRECTOR LUCAS, ROY	Name Address City-State-Zip: Title	ZILLIG, DAVID 11445 9TH ST E TREASURE ISLAND FL 33706 DIRECTOR
Name Address City-State-Zip: Title Name	HAZELTON, TODD 6823 O'DONIEL LOOP W LAKELAND FL 33809 DIRECTOR	Name Address City-State-Zip: Title Name	ZILLIG, DAVID 11445 9TH ST E TREASURE ISLAND FL 33706 DIRECTOR THERASSE, DON 17771 WEST SPRING LAKE ROAD

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: BRIAN F DECOOK

С

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date