

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 # 715012 (1)
1. Corporation Name
THE CREATIVE LIFE CENTER FOR POSITIVE LIVING, INC.



Principal Place of Business: 2821 SKYVIEW DRIVE LAKELAND FL 33801
Mailing Address: 2821 SKYVIEW DRIVE LAKELAND FL 33801

3. Date Incorporated or Qualified: 07/25/1968
3a. Date of Last Report: 06/27/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		59-1714179	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER, HELEN
1511 SPRUCE DR
LAKELAND FL 33801

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	900001870059 -06/20/96--01072--013
84. City	***61.25 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 _____ (NOTE: Registered Agent Signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TANNER, LOUISE	1.2 NAME	Hambriek, Dene
STREET ADDRESS	P.O. BOX 1790 N/A	1.3 STREET ADDRESS	1012 Lake Lure Loop E
CITY-ST-ZIP	WINTER HAVEN FL 33880	1.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMBRICK, TROY	2.2 NAME	Lisa Wylick
STREET ADDRESS	1012 LAKE LURE LOOP E.	2.3 STREET ADDRESS	2231 Honeycomb Ln
CITY-ST-ZIP	LAKELAND FL 33308-1 33801	2.4 CITY-ST-ZIP	Lakeland, FL. 33801
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHULIK, CORRINE	3.2 NAME	Helen Fisher
STREET ADDRESS	5811 SANTA FE RIVER DEIVE	3.3 STREET ADDRESS	1511 Spruce Dr.
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Lakeland, FL. 33801
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUGLAS, NINA	4.2 NAME	Harry Fisher
STREET ADDRESS	1670 SEVENTEETH AVE	4.3 STREET ADDRESS	1511 Spruce Dr.
CITY-ST-ZIP	WINTER HAVEN FL 33880	4.4 CITY-ST-ZIP	Lakeland, FL. 33801
TITLE	C <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUBLAS, NINA	5.2 NAME	Loretta Clark
STREET ADDRESS	1670 SEVENTEENTH AVENUE, NW	5.3 STREET ADDRESS	1836 N Crystal Lake Dr. # 40
CITY-ST-ZIP	WINTER HAVEN FL	5.4 CITY-ST-ZIP	Lakeland, FL 33801
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Smith	6.2 NAME	Gary Baker
STREET ADDRESS	PO Box 7495 N/A	6.3 STREET ADDRESS	1550 11th Street NE APT. 6-1
CITY-ST-ZIP	Winter Haven, FL. 33883	6.4 CITY-ST-ZIP	Winter Haven, FL. 33881

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: Dene Elizabeth Hambriek Dene Elizabeth Hambriek 1-22-96 665-2301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)