

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90163 012 ****61.25

DOCUMENT # 715012

1. Entity Name

**THE CREATIVE LIFE CENTER FOR POSITIVE LIVING, IN
 CHURCH OF POSITIVE LIVING, A UNITED
 CHURCH OF RELIGIOUS SCIENCE, INC**

Principal Place of Business

2821 SKYVIEW DRIVE
 LAKELAND FL 33801

Mailing Address

2821 SKYVIEW DRIVE
 LAKELAND FL 33801-7077



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

BIO E. LEMON STREET

Suite, Apt. #, etc.

SUITE 100

City & State

LAKELAND FLA.

3. Mailing Address

BIO E. LEMON STREET

Suite, Apt. #, etc.

SUITE 100

City & State

LAKELAND, FLA.

4. FEI Number

59-1714179

Applied For

Not Applicable

Zip

33801

Country

USA

Zip

33801

Country

USA

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**EISENHAUER, PATRICIA
 5 EAGLES NEST N.W.
 WINTER HAVEN FL 33881**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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 **PATRICIA EISENHAUER**

Signature, typed or printed name of registered agent and title if applicable

Patricia Eisenhauer

(NOTE: Registered Agent signature required when reinstating)

4-26-2000

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	ANDROS, PAUL	
STREET ADDRESS	2914 DELROSE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAMAH, ALAN K.	
STREET ADDRESS	4733 DIMBATH DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUTCHESON, ANN	
STREET ADDRESS	P.O. BOX 2586	
CITY-ST-ZIP	LAKELAND FL 33806	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLAS, NINA	
STREET ADDRESS	1670 SEVENTEETH AVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EISENHAUER, PATRICIA	
STREET ADDRESS	5 EAGLES NEST N.W.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FISHER, HELEN	
STREET ADDRESS	1511 SPRUCE DR.	
CITY-ST-ZIP	LAKELAND FL 33801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Duffey, J. Claire	
STREET ADDRESS	810 Lake Jessie Dr.	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARDAKER, DAVID	
STREET ADDRESS	P.O. BOX 681	
CITY-ST-ZIP	EATON PARK, FL. 33840	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THALHAMER, CHERYL	
STREET ADDRESS	2636 STATE PARK RD.	
CITY-ST-ZIP	LAKELAND, FL. 33805	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PATRICIA EISENHAUER** *Patricia Eisenhauer* **4-26-2000 (813) 401-8585**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #