

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 # 732006

(2)

1. Corporation Name

CHRISTIAN LIFE CHURCH, INC.

Principal Place of Business

**1279 CLEVELAND ST.
CLEARWATER FL 34615
US**

Mailing Address

**POST OFFICE BOX 1185
PO BOX 1185
PINELLAS PARK FL 34665
US**



3. Date Incorporated or Qualified
02/27/1975

3a. Date of Last Report
07/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1847452

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEMPSTEAD, REV. JOHN J.
9161 64 WAY N
PINELLAS PARK FL 34666**

81 Name

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

83

84 City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HEMPSTEAD, REV. JOHN J.	
STREET ADDRESS	9161 64 WAY N	
CITY - ST - ZIP	PINELLAS PARK FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	O'HARA, REV. PAUL A.	
STREET ADDRESS	109 PEGAMUS ST.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HEMPSTEAD, REV. CLAUDIA	
STREET ADDRESS	1318 MORELAND DR.	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUSSELMAN, BRIAN	
STREET ADDRESS	2578 OAK TRAIL S	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'HARA, JOHN	
STREET ADDRESS	2578 OAK TRAIL S	
CITY - ST - ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOOTE, TIMOTHY	
STREET ADDRESS	2567 OAK TRAIL N.	
CITY - ST - ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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, changed, or on an attachment with an address.

SIGNATURE:

John Hempstead Pres. John Hempstead 5-1-96 83545-2273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)