

FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997 8</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732006 (2)**

1. Corporation Name  
**CHRISTIAN LIFE CHURCH, INC.**

Principal Place of Business <b>1279 CLEVELAND ST. CLEARWATER FL 34615 US</b>	Mailing Address <b>POST OFFICE BOX 1185 PO BOX 1185 PINELLAS PARK FL 33780-1185 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>02/27/1975</b>	3a. Date of Last Report <b>06/06/1996</b>
4. FEI Number <b>59-1847452</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HEMPSTEAD, REV. JOHN J.  
9161 64 WAY N  
PINELLAS PARK FL 34668**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Brian Musselman</b>
4.3 STREET ADDRESS	<b>601 East Rosary Rd #1706</b>
4.4 CITY-ST-ZIP	<b>Largo, FL 33773</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Marlo Musselman</b>
5.3 STREET ADDRESS	<b>601 East Rosary Rd #1706</b>
5.4 CITY-ST-ZIP	<b>Largo, FL 33773</b>
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* 1-330-0000 813-545-2273

CR2E037 (9/96)