

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REMAIN: \$236.35).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra J. Northam Secretary of State DIVISION OF CORPORATIONS
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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 34065
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date incorporated or Qualified

02/27/1975

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ 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 retreating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME
HEMPSTEAD, REV. JOHN J.
STREET ADDRESS
9161 64 WAY N
CITY-ST-ZIP
PINELLAS PARK FL

☐ DELETE

TITLE

NAME
O'HARA, REV. PAUL A.
STREET ADDRESS
109 PEGAMUS ST.
CITY-ST-ZIP
CLEARWATER FL

☐ DELETE

TITLE

NAME
HEMPSTEAD, REV. CLAUDIA
STREET ADDRESS
1318 MORELAND DR.
CITY-ST-ZIP
CLEARWATER FL

☐ DELETE

TITLE

NAME
MUSSELMAN, BRIAN
STREET ADDRESS
2578 OAK TRAIL S
CITY-ST-ZIP
CLEARWATER FL

☐ DELETE

TITLE

NAME
MUSSELMAN, MARLO
STREET ADDRESS
601 E ROSERY RD #1706
CITY-ST-ZIP
LARGO FL

☐ DELETE

TITLE

NAME
FOOTE, TIMOTHY
STREET ADDRESS
2587 OAK TRAIL N.
CITY-ST-ZIP
CLEARWATER FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RECEIVED Hempstead 10-10-1999 727-545-2273

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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