

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 732006

1. Entity Name

CHRISTIAN LIFE CHURCH, INC.

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

03-14-2002 90010 008 \*\*\*\*70.00

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1847452

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Delete
NAME	O'HARA, REV. PAUL A.	
STREET ADDRESS	109 PEGAMUS ST.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	ST	<input checked="" 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	601 EAST ROSARY RD. #1706	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUSSELMAN, MARLO	
STREET ADDRESS	601 EAST ROSARY RD. #1706	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOOTE, TIMOTHY	
STREET ADDRESS	2567 OAK TRAIL N.	
CITY-ST-ZIP	CLEARWATER FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hempstead, Rev. Claudia	
STREET ADDRESS	9161 64 Way N	
CITY-ST-ZIP	Pinellas Park, FL 33782	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Hara, Rev. Paul	
STREET ADDRESS	109 Pegamus St.	
CITY-ST-ZIP	Clearwater, FL 33753	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*John J. Hempstead*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Hempstead

2-28-2002

Date

Daytime Phone #

727-545-2273

CR2E037 (9/01)