

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 733181

1. Entity Name

CHRISTIAN LIFE, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90226 037 ****61.25

Principal Place of Business

1225 ALTURAS RD.
BARTOW FL 33830

Mailing Address

1225 ALTURAS RD.
BARTOW FL 33830-9578

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRACE, ABE JR.
1225 ALTURAS RD
BARTOW FL 33830

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 PD ☐ Delete

NAME GRACE, ABE, JR.
STREET ADDRESS 1225 ALTURAS ROAD
CITY-ST-ZIP BARTOW FL

TITLE ☐ Change ☐ Addition

TITLE VTD ☐ Delete

NAME GRACE, NORMA JEAN
STREET ADDRESS 1225 ALTURAS ROAD
CITY-ST-ZIP BARTOW FL

TITLE ☐ Change ☐ Addition

TITLE VD ☐ Delete

NAME MITCHELL, JOHN ROY
STREET ADDRESS 1235 ALTURAS RD.
CITY-ST-ZIP BARTOW FL

TITLE ☐ Change ☐ Addition

TITLE VS ☐ Delete

NAME MITCHELL, JEANNIE Y.
STREET ADDRESS 1235 ALTURAS RD.
CITY-ST-ZIP BARTOW FL

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

ABE GRACE, JR. **REQUIRED** ABE GRACE, JR. 2-24-00 863-537-1539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)