FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED
95 MAY -1 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 735682 (7)

1. Corporation Name
CHRISTIAN LIFE CENTER, INC.

Principal Place of Business	Mailing Address
3155 S ST TITUSVILLE FL 32780	3155 S ST TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1976
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2237922 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — **$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	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
MCCLAIN, JAMES P 2529 RIVIERA DR. TITUSVILLE FL 32780	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of new registered agent, if changed) (Name of Registered Agent, Typed or Printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	MCCLAIN, JAMES P	12 NAME	
STREET ADDRESS	2529 RIVIERA DR.	13 STREET ADDRESS	1749 COUNTRY CLUB DR.
CITY ST ZIP	TITUSVILLE, FL 00000	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SCHEDLER, RICHARD	22 NAME	
STREET ADDRESS	611 HILLCREST AVE	23 STREET ADDRESS	
CITY ST ZIP	TITUSVILLE FL	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	GRIFFIN, HARRELL	32 NAME	
STREET ADDRESS	996 MACCO RD	33 STREET ADDRESS	
CITY ST ZIP	COCOA, FL 00000	34 CITY ST ZIP	
TITLE	TD	41 TITLE	TD ☑ Change ☐ Addition
NAME	KLINE, EDWARD L	42 NAME	FARMER, LYNN
STREET ADDRESS	645 KAREN DR	43 STREET ADDRESS	4034 SUNG DR.
CITY ST ZIP	TITUSVILLE, FL 00000	44 CITY ST ZIP	COCOA, FL 32927
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	SWINDEL, DAVID	52 NAME	
STREET ADDRESS	5735 WINDOVER WAY	53 STREET ADDRESS	
CITY ST ZIP	TITUSVILLE FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attachment with an address.

SIGNATURE: _____ 4/26/95 407/267-2455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0032602