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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 735682

1. Corporation Name

CHRISTIAN LIFE CENTER, INC.

Principal Place of Business

3155 S ST
TITUSVILLE FL 32780

Mailing Address

3155 S ST
TITUSVILLE FL 32780



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	3. Date Incorporated or Qualified 04/28/1976 4. FEI Number 59-2237922 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

MCCLAIN, JAMES P
1749 COUNTRY CLUB DR.
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name	Griffin, Harrell
82 Street Address (P.O. Box Number is Not Acceptable)	996 Macco Rd
83	
84 City	Cocoa, FL
85 Zip Code	32927

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 reinstating)

4-13-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLAIN, JAMES P	1.2 NAME	
STREET ADDRESS	1749 COUNTY CLUB DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	E	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDGES, STEVE	2.2 NAME	Bridges, Steve
STREET ADDRESS	1535 JUSTIN CT	2.3 STREET ADDRESS	1535 Justin Ct
CITY-ST-ZIP	TITUSVILLE FL 32796	2.4 CITY-ST-ZIP	Titusville, FL 32796
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, HARRELL	3.2 NAME	Griffin Harrell
STREET ADDRESS	996 MACCO RD	3.3 STREET ADDRESS	996 Macco Rd
CITY-ST-ZIP	COCOA, FL 00000	3.4 CITY-ST-ZIP	Cocoa, FL 32927
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARMER, LYNN	4.2 NAME	Farmer, Lynn
STREET ADDRESS	4039 SONG DR	4.3 STREET ADDRESS	4039 Song Dr
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	Cocoa, FL 32927
TITLE	T	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWINDEL, DAVID	5.2 NAME	Swindel, David
STREET ADDRESS	3861 U.S. #1	5.3 STREET ADDRESS	3861 US #1
CITY-ST-ZIP	MIMS FL	5.4 CITY-ST-ZIP	Mims, FL 32754
TITLE	SD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEDLER, RICHARD	6.2 NAME	Schedler, Richard
STREET ADDRESS	611 HILLCREST AVE	6.3 STREET ADDRESS	611 Hillcrest Ave
CITY-ST-ZIP	TITUSVILLE, FL 32796	6.4 CITY-ST-ZIP	Titusville, FL 32796

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-99

Date

Daytime Phone #

CR2E037 (1/98)