

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90051 036 ****61.25

DOCUMENT # 735682

1. Entity Name

CHRISTIAN LIFE CENTER, INC.

Principal Place of Business

Mailing Address

**3155 S ST
TITUSVILLE FL 32780**

**3155 S ST
TITUSVILLE FL 32780-8308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
3155 South Street
 City & State
Titusville, FL
 Zip
32780
 Country
USA

Suite, Apt. #, etc.
3155 South Street
 City & State
Titusville, FL
 Zip
32780
 Country
USA

4. FEI Number
59-2237922

Applied For
 Not Applicable

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

**GRIFFIN, HARRELL
996 MARCO ROAD
COCOA FL 32927**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BRIDGES, STEVE	
STREET ADDRESS	1535 JUSTIN CT	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRIFFIN, HARRELL	
STREET ADDRESS	996 MACCO RD	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FARMER, LYNN	
STREET ADDRESS	4039 SONG DR	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SWINDEL, DAVID	
STREET ADDRESS	3861 U.S. #1	
CITY-ST-ZIP	MIMS FL 32754	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEDLER, RICHARD	
STREET ADDRESS	611 HILLCREST AVE	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Signature Required
LYNN FARMER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-2000 321-267-2455
 Date Daytime Phone #