

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra S. Morin
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745833 (4)
1. Corporation Name
**CHRISTIAN LIFE CENTER OF SOUTHEAST VOLUSIA COUNTY
Y, INC.**

Principal Place of Business Mailing Address
**1015 TENTH ST.
NEW SMYRNA BEACH FL 32168** **1015 TENTH ST.
NEW SMYRNA BEACH FL 32168**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/06/1979** 3a. Date of Last Report **08/02/1994**
4. FEI Number **59-2292323** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$0.75 Additional
Fee Required**
6. Election Campaign Financing
Trust Fund Contribution **\$5.00 May Be
Added to Fees**
7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status **\$68.75 Supplemental
Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SHARP, WILLIAM M
525 WILLIAMS RD
NEW SMYRNA BEACH FL 32168**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	MITCHUM, DAVID L.
STREET ADDRESS	2946 ORANGE TREET
CITY-ST-ZIP	EDGEWATER FL
TITLE	TD
NAME	JONES, GLENDA M.
STREET ADDRESS	119 SILVER CIR.
CITY-ST-ZIP	EDGEWATER FL
TITLE	VD
NAME	WILLIAMS, R. B.
STREET ADDRESS	107 FLAGLER AVENUE
CITY-ST-ZIP	EDGEWATER, FL 00000
TITLE	PD
NAME	SHARP, WILLIAM M
STREET ADDRESS	525 WILLIAMS RD
CITY-ST-ZIP	NEW SMYRNA BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(b), 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.

SIGNATURE: Glenda M Jones ^{TD} Glenda M Jones 4-25-95 (604)427-1174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District No.