

FILE NOW: FILING FEE IS \$61.25

FILED
May 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745833 (4)

1. Corporation Name
CHRISTIAN LIFE CENTER OF SOUTHEAST VOLUSIA COUNTY, INC.

Principal Place of Business 1015 TENTH ST. NEW SMYRNA BEACH FL 32168	Mailing Address 1015 TENTH ST. NEW SMYRNA BEACH FL 32168
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3. Date Incorporated or Qualified
02/06/1979

4. FEI Number
59-2292323

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 29 Zip	2b. Country 30 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gebelein, Chuck	
1.3 STREET ADDRESS	3116 Woodland Dr.	
1.4 CITY-ST-ZIP	Edgewater, Fl. 32141	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Cochran, Wilma M.	
2.3 STREET ADDRESS	3006 Vista Palm Dr.	
2.4 CITY-ST-ZIP	Edgewater, Fl. 32141	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cole, Robert	
3.3 STREET ADDRESS	221 Condict Dr.	
3.4 CITY-ST-ZIP	New Smyrna Beh., Fl. 32169	
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 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.

SIGNATURE: _____ **REQUIRED** **4-26-98** **904-427-1174**

CR2E037 (10/97)