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May 11 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 745833 (4)

1. Corporation Name

CHRISTIAN LIFE CENTER OF SOUTHEAST VOLUSIA COUNT
Y, INC.

Principal Place of Business

1015 TENTH ST.
NEW SMYRNA BEACH FL 32168

Mailing Address

1015 TENTH ST.
NEW SMYRNA BEACH FL 32168

3. Date Incorporated or Qualified

02/06/1979

4. FEI Number

59-2292323

Applied For

Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHARP, WILLIAM M
525 WILLIAMS RD
NEW SMYRNA BEACH FL 32168

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD ☒ DELETE

NAME MITCHUM, DAVID L.
STREET ADDRESS 2946 ORANGE TREET
CITY-ST-ZIP EDGEWATER FL

TITLE TD ☒ DELETE

NAME JONES, GLENDA M.
STREET ADDRESS 119 SILVER CIR.
CITY-ST-ZIP EDGEWATER FL

TITLE VD ☒ DELETE

NAME WILLIAMS, R. B.
STREET ADDRESS 107 FLAGLER AVENUE
CITY-ST-ZIP EDGEWATER, FL 00000

TITLE PD ☐ DELETE

NAME SHARP, WILLIAM M
STREET ADDRESS 525 WILLIAMS RD
CITY-ST-ZIP NEW SMYRNA BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME SD
Gebelein, Chuek
1.3 STREET ADDRESS 3116 Woodland Dr.
1.4 CITY-ST-ZIP Edgewater, FL 32141

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME TD
Cochran, Wilma M.
2.3 STREET ADDRESS 3006 Vista Palm Dr.
2.4 CITY-ST-ZIP Edgewater, FL 32141

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME VD
Cole, Robert
3.3 STREET ADDRESS 221 Condict Dr.
3.4 CITY-ST-ZIP New Smyrna Bch., FL 32169

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

[Signature]

4-26-98

914-427-1174

CR2E037 (10/97)