

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 745833

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

FILED
 99 AUG 31 10 43 AM '99
 OK # 10132-9942
 STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/06/1979	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2292323	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country		

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 WILLIAM M. SHARP (PRESIDENT) DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD GEBELEIN, CHUCK	1.1 TITLE	SD Kevin Camerden
NAME	3116 WOODLAND DR	1.2 NAME	2330 Vista Palm Dr.
STREET ADDRESS	EDGEWATER FL 32141	1.3 STREET ADDRESS	Edgewater, FL 32141
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	TD COCHRAN, WILMA M	2.1 TITLE	
NAME	3006 VISTA PALM DR	2.2 NAME	
STREET ADDRESS	EDGEWATER FL 32141	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD COLE, ROBERT	3.1 TITLE	
NAME	221 CONDUCT DR	3.2 NAME	
STREET ADDRESS	NEW SMYRNA BCH FL 32169	3.3 STREET ADDRESS	1854 Eymore Ave.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Deltona, FL 32725
TITLE	PD SHARP, WILLIAM M	4.1 TITLE	
NAME	525 WILLIAMS RD	4.2 NAME	
STREET ADDRESS	NEW SMYRNA BEACH FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: [Signature] Date: 7-13-99 (904) 427-174

CR2E037 (5/99)