

SECOND NOTICE: CORPORATION WILL BE D ~~EL~~VED 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 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

FILED
99 AUG 31 10 43 AM '99
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/06/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2292323	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	

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 617.1506, 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	1.1 TITLE	SD
NAME	GEBELEIN, CHUCK	1.2 NAME	Kevin Camarden
STREET ADDRESS	3116 WOODLAND DR	1.3 STREET ADDRESS	2330 Vista Palm Dr.
CITY-ST-ZIP	EDGEWATER FL 32141	1.4 CITY-ST-ZIP	Edgewater, FL 32141
TITLE	TD	2.1 TITLE	
NAME	COCHRAN, WILMA M	2.2 NAME	
STREET ADDRESS	3006 VISTA PALM DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWATER FL 32141	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	COLE, ROBERT	3.2 NAME	
STREET ADDRESS	221 CONDUCT DR	3.3 STREET ADDRESS	1854 Eymore Ave.
CITY-ST-ZIP	NEW SMYRNA BCH FL 32169	3.4 CITY-ST-ZIP	Deltona, FL 32725
TITLE	PD	4.1 TITLE	
NAME	SHARP, WILLIAM M	4.2 NAME	
STREET ADDRESS	525 WILLIAMS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BEACH FL	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