

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 745833

1. Entity Name

CHRISTIAN LIFE CENTER OF SOUTHEAST VOLUSIA COUNT

FILED

May 03, 2001 8:00 am
Secretary of State

05-03-2001 90075 029 ****61.25

Principal Place of Business

Mailing Address

1015 TENTH ST.
NEW SMYRNA BEACH FL 32168

1015 TENTH ST.
NEW SMYRNA BEACH FL 32168

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2292323

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD
NAME CAMERDEN, KEVIN
STREET ADDRESS 2330 VISTA PALM DR
CITY-ST-ZIP EDGEWATER FL 32141 ☐ Delete

TITLE SD
NAME Camerden, Kevin
STREET ADDRESS 320 Powerline Rd.
CITY-ST-ZIP New Smyrna Bch. FL 32168 ☒ Change ☐ Addition

TITLE TD
NAME COCHRAN, WILMA M
STREET ADDRESS 3006 VISTA PALM DR
CITY-ST-ZIP EDGEWATER FL 32141 ☒ Delete

TITLE TO
NAME Paul Griffin
STREET ADDRESS 3409 Juniper Dr.
CITY-ST-ZIP Edgewater, FL 32141 ☒ Change ☐ Addition

TITLE VD
NAME COLE, ROBERT
STREET ADDRESS 1854 EYMORE AVE
CITY-ST-ZIP DELTONA FL 32725 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required

S.D.

4/25/01

(386)423-1033

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)