

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

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

DOCUMENT # 745833

1. Entity Name

CHRISTIAN LIFE CENTER OF SOUTHEAST VOLUSIA COUNT

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

Zip

Country

Zip

Country

4. FEI Number

59-2292323

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

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	<input type="checkbox"/> Delete
NAME	CAMERDEN, KEVIN	
STREET ADDRESS	2330 VISTA PALM DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COCHRAN, WILMA M	
STREET ADDRESS	3006 VISTA PALM DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLE, ROBERT	
STREET ADDRESS	1854 EYMORE AVE	
CITY-ST-ZIP	DELTONA FL 32725	
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		

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERDEN, KEVIN	
STREET ADDRESS	320 POWERLINE RD.	
CITY-ST-ZIP	NEW SMYRNA Bch. FL 32168	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL GIBBIN	
STREET ADDRESS	3499 JUNIPER DR.	
CITY-ST-ZIP	EDGEWATER, FL 32141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S.O.

4/25/01

Date

(386)423-1033

Daytime Phone #