

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 07, 2005
Secretary of State**

DOCUMENT# 745833

Entity Name: CHRISTIAN LIFE CENTER OF SOUTHEAST VOLUSIA COUNTY, INC.

Current Principal Place of Business:

770 OLD MISSION ROAD
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

770 OLD MISSION ROAD
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-2292323 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: WILLIAM M. SHARP

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: CAMERDEN, KEVIN
Address: 320 POWERLINE ROAD
City-St-Zip: NEW SMYRNA BEACH, FL 32165

Title: TD () Delete
Name: GRIFFIN, PAUL
Address: 3409 JUNIPER DRIVE
City-St-Zip: EDGEWATER, FL 32141

Title: VD () Delete
Name: COLE, ROBERT
Address: 1854 EYMORE AVE
City-St-Zip: DELTONA, FL 32725

Title: PD () Delete
Name: SHARP, WILLIAM M,
Address: 525 WILLIAMS RD
City-St-Zip: NEW SMYRNA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: COLE, ROBERT
Address: 1854 EXMORE AVE
City-St-Zip: DELTONA, FL 32725

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM M. SHARP

Electronic Signature of Signing Officer or Director

PD

10/07/2005

Date