


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90142 001 ****70.00

DOCUMENT # 745833 1. Entity Name CHRISTIAN LIFE CENTER OF SOUTHEAST VOLUSIA COUNTY, INC.					
Principal Place of Business 770 OLD MISSION ROAD NEW SMYRNA BEACH, FL 32168			Mailing Address 770 OLD MISSION ROAD 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	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 <div style="text-align: right;">FL Zip Code</div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMERDEN, KEVIN		NAME		
STREET ADDRESS	320 POWERLINE ROAD		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32165		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GRIFFIN, PAUL		NAME	TD	
STREET ADDRESS	3409 JUNIPER DRIVE		STREET ADDRESS	254 NEWCOMB ST	
CITY-ST-ZIP	EDGEWATER, FL 32141		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLE, ROBERT		NAME		
STREET ADDRESS	1854 EXMORE AVE		STREET ADDRESS	350 MISSION DR	
CITY-ST-ZIP	DELTONA, FL 32725		CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHARP, WILLIAM M		NAME		
STREET ADDRESS	525 WILLIAMS RD		STREET ADDRESS		
CITY-ST-ZIP	NEW SMYRNA BEACH, FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Carolann Evans</u> CAROLANN EVANS 7-12-06 386-423-6305 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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