

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 30, 2007 8:00 am
Secretary of State

08-30-2007 90001 006 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

2nd MOORE

CR2E037 (4/07)

Zip

Country

Zip

Country

4. FEI Number

59-2292323

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 5, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE SD ☒ Delete
NAME CAMERDEN, KEVIN
STREET ADDRESS 320 POWERLINE ROAD
CITY-ST-ZIP NEW SMYRNA BEACH FL 32165

TITLE TD ☐ Delete
NAME EVANS, CAROLAN
STREET ADDRESS 254 NEWCOMB ST
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

TITLE VD ☐ Delete
NAME COLE, ROBERT
STREET ADDRESS 350 MISSION DR
CITY-ST-ZIP NEW SMYRNA BEACH FL 32168

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☒ Change ☐ Addition
NAME Michael Hustling
STREET ADDRESS 2319 Evergreen Dr
CITY-ST-ZIP Edgewater, FL 32141

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Carolann Evans

Carolann Evans

8/30/07

386-427-1174