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

DOCUMENT # 745833

1. Entity Name

STREET ADDRESS

CITY-ST-ZIP

CHRISTIAN LIFE CENTER OF SOUTHEAST VOLUSIA



FILED

Aug 30, 2007 8:00 am Secretary of State

08-30-2007 90001 006 ****70.00

COUNTY,	, INC.		7.00	111111111111111111111111111111111111111					
Principal Plac	ce of Business	Mailing Address							
770 OLD MISSION ROAD NEW SMYRNA BEACH FL 32168		770 OLD MISSION ROAD		•					
NEW SMYR	NA BEACH FL 32168	NEW SMYRNA BEACH	1 FL 32168						
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			-				
					2nd M	100RE	CR2E03	7 (4/07)	
City & Stat	te	City & State			4. FEI Number	59-2292323		<u> </u>	oplied For
Zip Country		Zip	Country		`	09-2292020		<u>_</u>	ot Applicable
2,5	Country	2.10	Country		5. Certificate of S	Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and Ad	dress of New Re	gistered .	Agent	
2111			Name						
5HA 525	ARP, WILLIAM M WILLIAMS RD		Street	Address (PO Box Number is	Not Acceptable))		
NEV	V SMYRNA BEACH FL 321	68							
•			City					Zip Cod	
							FL	• `	
8 The ahove	e named entity submits this statement to tions of registered agent.	for the purpose of changing its	registered office	or register	red agent, or both, in	n the State of Flor	rida. Lam	familiar with,	and accept
	nons or registered agent.								
	<u>.</u>								
the obligat	<u>.</u>	nt and title if applicable (NOT	E. Registored Agent sign	ature годъжес	d when re-instating)	<u>, , , , , , , , , , , , , , , , , , , </u>	DATE		
the obligat	Signature Typed or printed name of registered ager			эшге годыгес	d when re-instating)	30			
the obligat	Signature typed or printed name of registered agentics:	9. Election Car	E Registered Agent sign mpaign Financing Contribution.	эшге годыгес	\$5.00 May Be		e Checi	k Payable	
the obligat	Signature Typed or printed name of registered ager	9. Election Car	mpaign Financing				e Checi	k Payable tment of (
the obligat	Signature typed or punted name of registered ager FILE NOW: FEE IS \$61.25 Due By September 5, 2007 OFFICERS AND D	9. Election Car Trust Fund (mpaign Financing		\$5.00 May Be Added to Fees	Florid	ke Checl a Depar	tment of S	State
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Larolan Carolan Evans 8/24/07 386-427-1174