


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 745833</b>	
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
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**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2292323	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUSTING, MICHAEL 2319 EVERGREEN DR EDGEWATER, FL 32141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVANS, CAROLAN 254 NEWCOMB ST NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLE, ROBERT 350 MISSION DR NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARP, WILLIAM M 525 WILLIAMS RD NEW SMYRNA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000819566  
 02/15/08-80090-002 61.25

**DO NOT WRITE IN THIS SPACE**

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:** *CAROLAN EVANS* *Carolana Evans* 2/1/08 386-427-1174