FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPAR MENT OF STATE
Sandre B. Mortham

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

748585

(7)

CHRISTIAN LIFE CENTER, ASSEMBLIES OF GOD, INC.

FILED May 27 1998 8:00am Secretary of State

<u> </u>												
Principal Place of Business Mailing Address								1 (60) 100) 0100 1010 010 1	A BIII Vib ii I	ANDRI BADRI DIGIN I	AIRIN BION FOOI	
2699 W. COMMERCIAL BLVD. 2699 W. COMMERCIAL BLVD.									Date Incorporated or Qualified	. 		
FT. LAUDERDA	LE PL 33309		F1. LA	UDERDALE FL 3330) 9				08/20/1979		·	
								4.	FEI Number		- I	Applied For
2. Principal P	ailing Address					59-1302404			Not Applicable			
21			26				5.	Certificate of Status Desired	K		Additional Required	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				6.	Election Campaign Financing			May Be	
22 City & State			27				Trust Fund Contribution Added to Fees					
City & Stat	6		City & State				7. Is this nonprofit corporation a homeowners association?					
Zip			Zij)	Count	ry		8.	This corporation owes or has p			
24		5	29		30				Personal Property Tax due Jun			□ No
	9. Name s	nd Address of Curr	ent Registere	d Agent		- I		10.	. Name and Address of New R	egistere	d Agent	
					8	וי	Name					
GREEN, ARTHUR P A						2	Street Ad	Address (P.O. Box Number is Not Acceptable)				
OMEGA 1 BLDG SUITE 208 1801 UNIVERSITY DRIVE						3						
CORAL SPRINGS FL 33065						4	0				····	
					8		City			FI		Code
11. Pursuant	to the provision	ns of Sections 617.0	502 and 617.1	508, Florida Statu	tes, the abo	ve-	named c	corporatio	on submits this statement for the	purpose	of changing	its registered
agent. La	m lamiliar with	, and accept the obl	igations of, Se	ection 617.0503, F	lorida Statut	es.	THE COIPO	O BUON BY	board of directors. I hereby according	shr noot	эронинен а	ร เคลิเซเดเลก
SIGNATURE .			121.11					_ 				
12,	Signature, typed o	printed name of registered a OFFICERS A	ND DIRECTO		15: Registered A	gen	t signature re		o reinstating) ADDITIONS/CHANGES TO OFFI	DATE ICEBS AN	VD DIRECTO	RS IN 12
TITLE	ŤD		DELETÉ		1.1 TITLE	1.1 TITLE		SD			☐ Change	
NAME	BAILEY, A	rthur			1.2 NAM	E			errate Rivera	•		
STREET ADDRESS 5800 SV					1.3 STRE	ET A			BU 12th STREET			
CITY-ST-ZIP PLANTATI		ON FL			1.4 CITY		- ZiP		XATE, FL 33	068		
TITLE	PD VEADY I	IAV		☐ DELETE	2.1 TITLE		_	TD	n 190 a 10		Change Change	☐ Addition
NAME STREET ADORESS	YEARY, N								DAVID BLAIR 8311 NW 54 STREET			
CITY+ST-ZIP	BADIA MID EL								DERHILL FL	,		
TITLE	\$0		☐ DELETE					PD	PERMILL PL		☐ Change	Addition
NAME	BL AIR, DAVID				3.2 NAM				YEARY			_
STREET ADDRESS	1 0011 1111 07 0111201			3.3			3.3 STREET ADDRESS 64		NW BB WAY			
CITY-ST-ZIP	LAUDERH	ILL FL				3.4. CITY-ST-ZIP		parx	KLAND, FL			
TITLE				☐ DELETE	4.1 TITLE				•		☐ Change	Addition
NAME	-			4. 2 NAME 4.3 STREET ADDRESS								
STREET ADDRESS	•											
CITY-ST-ZIP TITLE	<u> </u>			☐ DELETE	4.4 CITY 5.1 TITLE		- £IP		· <u></u>		Change	☐ Addition
NAME					5.2 NAMI						^	6
STREET ADDRESS				5.3 STREET ADDRESS			DORESS				Ý	722
CITY-ST-ZIP					5.4 CITY	-\$T-	- ZIP			. <u></u>		541
TITLE				DELETE	6.1 TITLE	_				1	☐ Chan	William
NAME					6.2 NAMI						Mr.	
STREET ADDRESS					6.3 STRE	et ai	DORESS					

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP