2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 748585

Entity Name: CHRISTIAN LIFE CENTER, ASSEMBLIES OF GOD, INC.

FILED Mar 06, 2002 8:00 AM Secretary of State

Current Br	incinal Blace	of Business	Now Bring	New Principal Place of Business:			
Current Principal Place of Business:			New Princ	ipai Piace o	r business:		
	OMMERCIAL B ERDALE, FL 33						
Current Mailing Address:			New Mailii	New Mailing Address:			
	OMMERCIAL B RDALE, FL 33						
FEI Number:	59-1302404	FEI Number Applied For()	FEI Number Not Appli	icable()	Certificate of Status Desi	red (X)	
Name and	Address of Co	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
OMEGA 1 I 1801 UNIVI	RTHUR P A BLDG SUITE 2 ERSITY DRIVE RINGS, FL 33						
The above in the State		ubmits this statement for the pu	rpose of changing it	s registered	office or registered agen	t, or both,	
SIGNATUR	RE:						
	Electroni	Signature of Registered Agen	t	Date			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SD () MONSERRATE, 5005 SW 12TH S MARGATE, FL 3	STREET	Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	PD () I YEARY, MAX, 6410 NW 58 WA PARKLAND, FL	Delete Y	Title: Name: Address: City-St-Zip:	YEARY, MAX, 5035 NW 57T	X) Change ()Addition H TER NGS, FL 330674019		
Title: Name: Address: City-St-Zip:	TD () BLAIR, DAVID 8311 NW 54 STI LAUDERHILL, FI		Title: Name: Address: City-St-Zip:	BLAIR, DAVID 5165 NW 74T			
Title: Name: Address:	D () I NEWBOLD, ANT 5664 NW 101 DI		Title: Name: Address:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MONSERRATE RIVERA JR. SD 03/06/2002

CORAL SPRINGS, FL 33076

City-St-Zip: