

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748585

FILED
Feb 15, 2005
Secretary of State

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

Current Principal Place of Business:

2699 W. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

2699 W. COMMERCIAL BLVD.
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 59-1302404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GREEN, ARTHUR P A
OMEGA 1 BLDG SUITE 208
1801 UNIVERSITY DRIVE
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: NEWBOLD, ANTHONY
Address: 5664 NW 101 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: PD () Delete
Name: YEARY, MAX,
Address: 5035 NW 57TH TER
City-St-Zip: CORAL SPRINGS, FL 330674019

Title: TD () Delete
Name: STEARNS, CLINT
Address: 7411 NW 7TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: D () Delete
Name: LAWRENCE, SEDLEY
Address: 527 NW 47TH AVENUE
City-St-Zip: COCONUT CREEK, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: ANTHONY NEWBOLD

SD

02/15/2005

Electronic Signature of Signing Officer or Director

Date