

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750063

FILED
Apr 06, 2006
Secretary of State

Entity Name: CHRISTIAN LIFE CHURCH OF MILTON, INC.

Current Principal Place of Business:

4401 AVALON BLVD.
MILTON, FL 32583

New Principal Place of Business:

Current Mailing Address:

4401 AVALON BLVD.
MILTON, FL 32583

New Mailing Address:

FEI Number: 59-1928663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMES, DOUGLAS
6089 W. CAMBRIDGE WAY
MILTON, FL 32571 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: D () Delete
Name: KICKER, CHUCK
Address: 1241 NORTHBROOK DR
City-St-Zip: PENSACOLA, FL 32504

Title: D () Delete
Name: BRITNELL, JIM
Address: 2117 S FAIRFIELD DR
City-St-Zip: PENSACOLA, FL 32507

Title: SD () Delete
Name: BRAGWELL, ALLEN
Address: 302 NORTH GAINEA AVE
City-St-Zip: RUSSELLVILLE, AL 35653

Title: PD () Delete
Name: HOLMES, DOUGLAS R.
Address: 6089 WEST CAMBRIDGE WAY
City-St-Zip: MILTON, FL 32571

Title: VD () Delete
Name: LEBER, EDWARD P.
Address: 5867 NORTH AIRPORT RD.
City-St-Zip: MILTON, FL 32570

Title: SD () Delete
Name: BLALOCK, BERT
Address: 5680 PIN OAK DR
City-St-Zip: MILTON, FL 32583

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:

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 Chapter 119, 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: EDWARD P LEBER

VD

04/06/2006

Electronic Signature of Signing Officer or Director

Date