

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752902

FILED
Mar 25, 2008
Secretary of State

Entity Name: THE COMMUNITY LIFE CENTER OF FULL GOSPEL MINISTRIES ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

19048 EDGEWATER DR.
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

Current Mailing Address:

19048 EDGEWATER DR.
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 59-2245558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFEY, MARK REV
18576 HOLLY AVE
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

COFFEY, MARK REV
19048 EDGEWATER DRIVE
PORT CHARLOTTE, FL 33948 US

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:

03/25/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: HEATH, WILLIAM
Address: PO BOX 38041
City-St-Zip: PORT CHARLOTTE, FL 33938 US

Title: SD () Delete
Name: JOHNSON, KEN
Address: 27187 HARBOUR OAKS BLVD
City-St-Zip: PUNTA GORDA, FL 33983

Title: T () Delete
Name: STUART, LE
Address: 20403 ASTORIA AVE
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: MCLAUGHLIN, JIM
Address: 14125 MYAKKA POINT
City-St-Zip: PORT CHARLOTTE, FL 33953

I hereby certify that the information supplied with this filing does not qualify 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: MARK COFFEY

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03/25/2008

Electronic Signature of Signing Officer or Director

Date