

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 14:10:26

DOCUMENT # 764645 (8)

1. Corporation Name

CHRISTIAN LIFE FELLOWSHIP, INCORPORATED

Principal Place of Business

Mailing Address

33843 U.S. 19 NORTH
SABAL RIDGE PLAZA
PALM HARBOR FL 34684
US

1707 STABLE TRAIL
PALM HARBOR FL 34685
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1982

3a. Date of Last Report

02/18/1994

4. FEI Number

59-2218284

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

FILING FEE IS
\$61.25

8. This corporation has liability for intangible tax under s. 189.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLIVERIO, MARIO
1707 STABLE TRAIL
PALM HARBOR FL 34685

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 817.0502 and 817.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 817.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME OLIVERIO, MARIO
STREET ADDRESS 1707 STABLE TRAIL
CITY - ST - ZIP PALM HARBOR FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

Change Addition

TITLE TD
NAME OLIVERIO, ANNE
STREET ADDRESS 1707 STABLE TRAIL
CITY - ST - ZIP PALM HARBOR FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

Change Addition

TITLE VD
NAME KITTLE, N. JAMES, SR.
STREET ADDRESS 7880 2ND AVE S
CITY - ST - ZIP ST. PETERSBURG FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

Change Addition

TITLE SD
NAME KITTLE, M. EVELYN
STREET ADDRESS 7880 2ND AVE S
CITY - ST - ZIP ST. PETERSBURG FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mario Oliverio* MARIO OLIVERIO

6/13/95 (813)787-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Type in Month & Day)