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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **764645** (8)

1. Corporation Name

CHRISTIAN LIFE FELLOWSHIP, INCORPORATED

Principal Place of Business

**1113 MICHIGAN AVE
SABAL RIDGE PLAZA
PALM HARBOR FL 34683
US**

Mailing Address

**1707 STABLE TRAIL
PALM HARBOR FL 34685-3305
US**



3. Date Incorporated or Qualified **08/20/1982** 3a. Date of Last Report **02/08/1996**

2. Principal Place of Business 21 1113 Michigan Ave Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 59-2218284	Applied For Not Applicable
22 City & State 23 Palm Harbor, FL	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 34683 Zip	25 Pinellas Country	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**OLIVERIO, MARIO
1707 STABLE TRAIL
PALM HARBOR FL 34685**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVERIO, MARIO	1.2 NAME	
STREET ADDRESS	1707 STABLE TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVERIO, ANNE	2.2 NAME	
STREET ADDRESS	1707 STABLE TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINNION, FREDIA	3.2 NAME	
STREET ADDRESS	8391 74TH AVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, RUTH	4.2 NAME	
STREET ADDRESS	970 VIRGINIA AVE 210	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 P/D** **MARCH 19, 1997** (813) 789-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 008855

CR2E037 (9/96)