

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 764645

1. Entity Name

CHRISTIAN LIFE FELLOWSHIP, INCORPORATED

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90109 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1113 MICHIGAN AVE  
PALM HARBOR FL 34683  
US

1707 STABLE TRAIL  
PALM HARBOR FL 34685-3306  
US

2. Principal Place of Business

3. Mailing Address

1297 MICHIGAN BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUNEDIN, FLORIDA

Zip

Country

Zip

Country

34698

PUERTO RICO

4. FEI Number

59-2218284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIVERIO, MARIO  
1707 STABLE TRAIL  
PALM HARBOR FL 34685

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME BINNION, FREDIA  
STREET ADDRESS 8391 74TH AVE N  
CITY-ST-ZIP SEMINOLE FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME HUNTER, RUTH  
STREET ADDRESS 970 VIRGINIA AVE 210  
CITY-ST-ZIP DUNEDIN FL ☐ Delete

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mario Oliverio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/00

Date

(727) 789-2200

Daytime Phone #

CR2E037 (9/99)