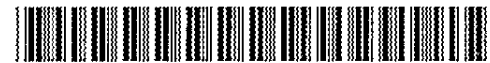


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000008289	
1. Entity Name CHRISTIAN COMMUNITY LIFE CENTER CHURCH, INC.	

Principal Place of Business 1365 NE 143RD ST. N. MIAMI, FL 33161	Mailing Address 1365 NE 143RD ST. N. MIAMI, FL 33161
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04062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1099658	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent NOREY, HENRI C 2950 NW 45TH AVE. LAUDERDALE, FL 33313
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**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000113625
04/15/04-80017-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PINETTE, YOLA 6298 PINESTEAD DRIVE APT 221 LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T NOREY, GHISLAINE 2950 NW 45TH AVE LAUDERDALE LAKES, FL 33313
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RD HENRI, NOREY 2950 NW 45TH AVE LAUDERDALE LAKES, FL 33313
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/2004
Date Daytime Phone #