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NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State
05-15-2002 90065 008 ****61.25

DOCUMENT #N01000001713 ✓

1. Entity Name
Christian Life Ministries International, Inc.

92107

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2445 Tesoro Court	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee, Florida	City & State
Zip: 34744 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3706190 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Steve Christian

Street Address (P.O. Box Number is Not Acceptable): 2445 Tesoro Court

City: Kissimmee FL Zip Code: 34744

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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

TITLE: President NAME: Steve Christian - D (Director/Trustee) STREET ADDRESS: 2445 Tesoro Court CITY-ST-ZIP: Kissimmee, Fla 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Vice President / Secretary - D (Director) NAME: Joan Christian STREET ADDRESS: 2445 Tesoro Court CITY-ST-ZIP: Kissimmee, Fla 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME: Emily Quinones / Secretary - D (Director) STREET ADDRESS: 2441 Timothy Lane CITY-ST-ZIP: Kissimmee, Florida 34744	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Assistant-Secretary NAME: Kim Leysath STREET ADDRESS: 1877 Attucks Ave CITY-ST-ZIP: Orlando, Florida 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE: Director NAME: Irma Ruiz STREET ADDRESS: 2441 Timothy Lane CITY-ST-ZIP: Kissimmee, Florida 34744	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

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joan Christian JOAN CHRISTIAN V.P. 4/30/02 407 847-3253 office 407 344-3253 home
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #