


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2006 8:00 am**  
**Secretary of State**

02-17-2006 90087 050 \*\*\*\*70.00

DOCUMENT # N01000001713			
1. Entity Name CHRISTIAN LIFE MINISTRIES INTERNATIONAL, INC.			
Principal Place of Business 2445 TESORO CT KISSIMMEE FL 34744		Mailing Address 2445 TESORO CT KISSIMMEE FL 34744	
2. Principal Place of Business 1714 Bridget's Court Suite, Apt. #, etc.		3. Mailing Address 1714 Bridget's Court Suite, Apt. #, etc.	
City & State Kissimmee, Florida Zip 34744 Country USA		City & State Kissimmee, Florida Zip 34744 Country USA	
6. Name and Address of Current Registered Agent CHRISTIAN, STEVE 2445 TESORO CT KISSIMMEE FL 34744 1714 Bridget's Court		7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small> DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHRISTIAN, STEVE 2445 TESORO CT KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1714 Bridget's Court Kissimmee, Florida 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHRISTIAN, JOAN 2445 TESORO CT KISSIMMEE FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1714 Bridget's Court Kissimmee, Florida 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NELSON, INGRID 3437 FOX CROSSING DRIVE KISSIMMEE FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 Jimmy Ann Drive Apt 2018 Daytona Beach, Florida 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD LEYSATH, KIM 1877 ATTUCKS AVE ORLANDO FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3626 Powers Ridge Court Orlando, Florida 32808
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, EUGENIA 2225 ORANGE BLVD KISSIMMEE FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/05)

4. FEI Number 59-3706190 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Joan Christian* JOAN CHRISTIAN 2/7/2006 407 344-3253