

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000002236

1. Entity Name
CHRISTIAN LIFE CHURCH, A WORSHIP & MINISTRY
CENTER, INC.



Principal Place of Business
2666 CAPP CIR
KISSIMMEE, FL 34744

Mailing Address
2666 CAPP CIR
KISSIMMEE, FL 34744



01032005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0613901

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANSPACH, GENE R REV.
2666 CAPP CIR.
KISSIMMEE, FL 34744

**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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

11/9/05

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	TR
NAME	FISHER, CARL
STREET ADDRESS	185 E. WHITNEY ST.
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	TR
NAME	SHUTTLESWORTH, JOHN
STREET ADDRESS	2017 PATRICK ST.
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	TR
NAME	TAYES, STEVEN
STREET ADDRESS	651 #C LAKE TIVOLI BLVD
CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	PRES
NAME	ANSPACH, GENE R REV.
STREET ADDRESS	2666 CAPP. CIR.
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	VICE
NAME	WRIGHT, RANDALL K REV
STREET ADDRESS	2298 JESSICA LANE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	TREA
NAME	FEDERER, JANET
STREET ADDRESS	2832 W. JANET ST
CITY-ST-ZIP	KISSIMMEE, FL 34741

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01/14/05-80047-005 61.25

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/9/05