

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005307

FILED  
May 06, 2005  
Secretary of State

Entity Name: CHRISTIAN LIVING, INC.

**Current Principal Place of Business:**

7551 NW 21 COURT  
SUNRISE, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

7551 NW 21 COURT  
SUNRISE, FL 33313

**New Mailing Address:**

FEI Number: 20-1067409      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BARKER, KENNETH  
7551 NW 21 COURT  
SUNRISE, FL 33313      US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: BARKER, KENNETH  
Address: 7551 NW 21 COURT  
City-St-Zip: SUNRISE, FL 33313

Title: D      ( ) Delete  
Name: BARKER, LISA  
Address: 7551 NW 21 COURT  
City-St-Zip: SUNRISE, FL 33313

Title: D      ( ) Delete  
Name: BARKER, LORNA  
Address: 7141 NW 24 STREET  
City-St-Zip: SUNRISE, FL 33313

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA BARKER

D

05/06/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date