

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # N02000007912

**1. Entity Name
CHRISTIAN LIFE CENTER OF VIERA, INC.**



**Principal Place of Business
1532 LARAMIE CIRCLE
VIERA, FL 32940**

**Mailing Address
1532 LARAMIE CIRCLE
VIERA, FL 32940**



01102005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
22-3878200**

**Applied For
Not Applicable**

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EASTMAN, MICHAEL
1532 LARAMIE CIRCLE
VIERA, FL 32940**

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**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	DP
NAME	EASTMAN, MICHAEL
STREET ADDRESS	1532 LARAMIE CIRCLE
CITY-ST-ZIP	VIERA, FL 32940
TITLE	T
NAME	EASTMAN, DAVID
STREET ADDRESS	730 KEY RD.
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	T
NAME	MYERS, J.E.
STREET ADDRESS	279 BRIGHTWATER DR. SE
CITY-ST-ZIP	PALM BAY, FL 32909
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/14/05-80049-006 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:

Michael D. Eastman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-05

Date

321-863-3067

Daytime Phone #