

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007912

FILED
Mar 01, 2006
Secretary of State

Entity Name: CHRISTIAN LIFE CENTER OF VIERA, INC.

Current Principal Place of Business:

1532 LARAMIE CIRCLE
VIERA, FL 32940

New Principal Place of Business:

Current Mailing Address:

1532 LARAMIE CIRCLE
VIERA, FL 32940

New Mailing Address:

FEI Number: 22-3878200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EASTMAN, MICHAEL
1532 LARAMIE CIRCLE
VIERA, FL 32940 US

Name and Address of New Registered Agent:

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: DP () Delete
Name: EASTMAN, MICHAEL
Address: 1532 LARAMIE CIRCLE
City-St-Zip: VIERA, FL 32940

Title: T () Delete
Name: EASTMAN, DAVID
Address: 730 KEY RD.
City-St-Zip: TITUSVILLE, FL 32780

Title: T () Delete
Name: MYERS, J.E.
Address: 279 BRIGHTWATER DR. SE
City-St-Zip: PALM BAY, FL 32909

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TR (X) Change () Addition
Name: EASTMAN, DAVID
Address: 730 KEY RD.
City-St-Zip: TITUSVILLE, FL 32780

Title: TR (X) Change () Addition
Name: MYERS, J.E.
Address: 279 BRIGHTWATER DR. SE
City-St-Zip: PALM BAY, FL 32909

Title: ST () Change (X) Addition
Name: EASTMAN, KAREN
Address: 1532 LARAMIE CIRCLE
City-St-Zip: VIERA, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL EASTMAN

DP

03/01/2006

Electronic Signature of Signing Officer or Director

Date