

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007912

FILED  
Mar 04, 2007  
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: TR ( ) Delete  
Name: EASTMAN, DAVID  
Address: 730 KEY RD.  
City-St-Zip: TITUSVILLE, FL 32780

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

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

**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:

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 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 D. EASTMAN

DP

03/04/2007

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

\_\_\_\_\_  
Date