

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006295

FILED
May 09, 2005
Secretary of State

Entity Name: CHRISTIAN LIFE CENTER OF CRESTVIEW, INC.

Current Principal Place of Business:

410 WINGARD STREET
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

105 NAVAJO TRAIL
CRESTVIEW, FL 32536

New Mailing Address:

105 NAVAJO TRACE
CRESTVIEW, FL 32536

FEI Number: 56-2467857 **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:

WILLIAMSON, A. WAYNE
1020 FERDON BLVD SOUTH
CRESTVIEW, FL 32536 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: D () Delete
Name: PALMER, JASON J
Address: 410 WINGARD STREET
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: WALKER, RONALD L
Address: 410 WINGARD STREET
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: PAYNE, HARRY B
Address: 410 WINGARD STREET
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: STRAWTER, KEVIN
Address: 410 WINGARD STREET
City-St-Zip: CRESTVIEW, FL 32536

Title: D () Delete
Name: JOINER, JEREMY
Address: 410 WINGARD STREET
City-St-Zip: CRESTVIEW, FL 32536

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:

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: LINDA G. PAYNE

SEC

05/09/2005

Electronic Signature of Signing Officer or Director

Date