2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N05000002514

Entity Name: COMMUNITY LIFE CHURCH, INC.

Current Principal Place of Business:

4734 WOODMERE ROAD
LAND O LAKES, FL 34639

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 48105
TAMPA, FL 33646

New Mailing Address:

FEI Number: 43-2076019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTIZ, SAMUEL
4734 WOODMERE ROAD
LAND O LAKES, FL 34639 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: P ( ) Delete
Name: ORTIZ, SAMUEL
Address: 4734 WOODMERE ROAD
City-St-Zip: LAND O LAKES, FL 34639

Title: V/S ( ) Delete
Name: ORTIZ, LORETTA
Address: 4734 WOODMERE ROAD
City-St-Zip: LAND O LAKES, FL 34639

Title: T ( ) Delete
Name: JOHNSON, HANSFORD
Address: 7422 GUNN HIGHWAY
City-St-Zip: TAMPA, FL 33625

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change ( ) Addition
Name: MARTIN, TYLER
Address: 535 52ND AVE. NORTH
City-St-Zip: ST PETERSBURG, FL 33703

Title: O ( ) Change (X) Addition
Name: MARQUES, JOHN
Address: 17104 CARRINGTON PARK DRIVE #520
City-St-Zip: TAMPA, FL 33647

I hereby certify that the information supplied with this filing does not qualify 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: SAMUEL ORTIZ P 01/13/2009

Electronic Signature of Signing Officer or Director — Date