

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007345

FILED  
Aug 08, 2008  
Secretary of State

**Entity Name:** THE CHRISTIAN LIFE CENTER OF TITUSVILLE, INC.

**Current Principal Place of Business:**

1148 GROVES DR.  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

1148 GROVES DR.  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** 11-3818084      **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:**

CBS TAXES, LLC.  
1805 CANOVA ST  
2  
PALM BAY, FL 32955 US

**Name and Address of New Registered Agent:**

CBS TAXES, LLC.  
1291 SAXONY RD  
2  
PALM BAY, FL 32909 US

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: JOHN HOLDER

08/08/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BLATCH, ARTHUR C III  
Address: 1148 GROVES DR.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP ( ) Delete  
Name: BLATCH, LINDA  
Address: 1148 GROVES DR.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: SEC ( ) Delete  
Name: BRYAN, BERNARD  
Address: 884 CHATE WORTH DR  
City-St-Zip: MELBOURNE, FL 32940

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

Title: T ( ) Change (X) Addition  
Name: HAWKINS, JOYCE  
Address: 1220 N SINGLETON AVE  
City-St-Zip: TITUSVILLE, FL 32796

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: ARTHUR BLATCH

P

08/08/2008

Electronic Signature of Signing Officer or Director

Date