2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2009
Secretary of State

DOCUMENT# N07000007345

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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HOLDER, JOHN
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 01/13/2009
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: T ( ) Delete
Name: HAWKINS, JOYCE
Address: 1220 N SINGLETON AVE
City-St-Zip: TITUSVILLE, FL 32796

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 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 01/13/2009
Electronic Signature of Signing Officer or Director Date