

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001404

FILED
Apr 23, 2009
Secretary of State

Entity Name: CHRIST THE LIVING WAY INC.

Current Principal Place of Business:

1018 BAKER AVENUE
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1018 BAKER AVENUE
JACKSONVILLE, FL 32209

New Mailing Address:

FEI Number: 26-2096848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEADOWS, ELLA L
1018 BAKER AVENUE
JACKSONVILLE, FL 32209 US

Name and Address of New Registered Agent:

MEADOWS, ELLA L D
1018 BAKER AVENUE
JACKSONVILLE, FL 32209 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: ELLA MEADOWS

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Change (X) Addition
Name: MEADOWS, DARRYL E P
Address: 4632 MISTY DARWN CT N
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: T () Change (X) Addition
Name: RENTROPE, RUTHA T
Address: 1935 SPRING ROAD DR
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: S () Change (X) Addition
Name: YEARTIE, BOOBIE S
Address: 1743 WEST 44TH ST
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: TR () Change (X) Addition
Name: BELL, HORACE JR TR
Address: 7029 DAHLGREEN CT
City-St-Zip: JACKSONVILLE, FL 32208 US

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: ELLA MEADOWS

D

04/23/2009

Electronic Signature of Signing Officer or Director

Date