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93 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N09135 (7)

1. Corporation Name

CHRISTIAN TRAINING IN LIVING CENTER, INC.

Principal Place of Business

Mailing Address

HAROLD W. TAYLOR
42 TERA LANE
WINTER HAVEN FL 33880

42 TERA LANE
WINTER HAVEN FL 33880
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/07/1985	3a. Date of Last Report 04/22/1994
4. FBI Number 59-2551723	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	26 City & State
23 Zip	27 Country
24	28
25	29
26	30

9. Name and Address of Current Registered Agent

TAYLOR, HAROLD W.
42 TERA LANE, SW
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the # applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, HAROLD W.	12 NAME	
STREET ADDRESS	42 TERA LANE, S.W.	13 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	14 CITY - ST - ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, ERNESTINE C.	22 NAME	
STREET ADDRESS	42 TERA LANE	23 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	24 CITY - ST - ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	OVERLOCK, WILLIAM	32 NAME	
STREET ADDRESS	17 TERA LANE S.W.	33 STREET ADDRESS	
CITY - ST - ZIP	WINTER HAVEN FL	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	GODWIN, LLOYD	42 NAME	
STREET ADDRESS	3811 JACQUE LANE	43 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL	44 CITY - ST - ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TRUITT, JACK	52 NAME	
STREET ADDRESS	P.O. BOX 22	53 STREET ADDRESS	
CITY - ST - ZIP	WAUCHULA FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Harold W. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD W. TAYLOR

PRESIDENT

4/14/95

810-294-4871