

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**



3. Date Incorporated or Qualified
05/07/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Harold W. Taylor **HAROLD W. TAYLOR**

(NOTE: Registered Agent's signature required when appointing a new agent.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **PD
TAYLOR, HAROLD W.**
STREET ADDRESS **42 TERA LANE, S.W.**
CITY-ST-ZIP **WINTER HAVEN FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **STD
TAYLOR, ERNESTINE C.**
STREET ADDRESS **42 TERA LANE**
CITY-ST-ZIP **WINTER HAVEN FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **VD
OVERLOCK, WILLIAM**
STREET ADDRESS **17 TERA LANE S.W.**
CITY-ST-ZIP **WINTER HAVEN FL**

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME **D
GODWIN, LLOYD**
STREET ADDRESS **3611 JACQUE LANE**
CITY-ST-ZIP **LAKE LAND FL**

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME **D
TRUITT, JACK**
STREET ADDRESS **P.O. BOX 22**
CITY-ST-ZIP **WAUCHULA FL**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**DIRECTOR
TRUITT, JACK
264 HUNTLEY
LAKE PLACID, FL.**

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 119.07(3)(k), 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

4/5/96
Date

941-2944871
Daytime Phone #

CR2E037 (12/95)