

FILE NOW: FILING FEE IS \$61.25

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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N09135** (7)
1. Corporation Name
CHRISTIAN TRAINING IN LIVING CENTER, INC.



Principal Place of Business 1030 HWY 540 W. WINTER HAVEN FL 33880 US	Mailing Address 42 TERA LN S W WINTER HAVEN FL 33880 US
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3. Date Incorporated or Qualified 05/07/1985
4. FEI Number 59-2551723
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 42 TERA LANE, S.W. Suite, Apt. #, etc. 22	2a. Mailing Address 28 42 TERA LANE SW Suite, Apt. #, etc. 27
City & State 23 WINTER HAVEN, FL. Zip 24 33880	City & State 28 WINTER HAVEN FL Zip 29 33880
Country 25 USA	Country 30 USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent TAYLOR, HAROLD W. 42 TERA LANE, SW WINTER HAVEN FL 33880
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10. Name and Address of New Registered Agent 81 Name SAME 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 DATE 4/15/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD TAYLOR, HAROLD W. 42 TERA LANE, S.W. WINTER HAVEN FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	STD TAYLOR, ERNESTINE C. 42 TERA LANE WINTER HAVEN FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VD OVERLOCK, WILLIAM 17 TERA LANE S.W. WINTER HAVEN FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D GODWIN, LLOYD 3811 JACQUE LANE LAKE LAND FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D TRUITT, JACK 284 HUNTLEY LAKE PLACID FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	THERON WEST
3.3 STREET ADDRESS	609 SHAKESPEARE DR. DIRECTOR
3.4 CITY-ST-ZIP	LAKE LAND, FLORIDA 33801 VICE PRES
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GERTRUDE BRITTEN WEST
4.3 STREET ADDRESS	609 SHAKESPEARE DR DIRECTOR
4.4 CITY-ST-ZIP	LAKE LAND, FLORIDA 33801
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 PRESIDENT

4-15-98 941-294-4871
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CR2E037 (10/97)