

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90005 015 ****61.25

DOCUMENT # N09135

1. Corporation Name

CHRISTIAN TRAINING IN LIVING CENTER, INC.

619669 - 90005 - 15

Principal Place of Business

42 TERRA LANE SW
WINTER HAVEN FL 33880
US

Mailing Address

42 TERA LANE SW
WINTER HAVEN FL 33880
US



| | | | | |
|--------------------------------|---------------------|--|----|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified | | |
| 21 42 TERRA LANE | 26 42 TERA LANE SW | 05/07/1985 | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number | | |
| 22 | 27 | 59-2551723 | | |
| City & State | City & State | Applied For | | |
| 23 WINTER HAVEN FL | 28 | Not Applicable | | |
| Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | |
| 24 33880 | 25 FL | 29 | 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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 N/A
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/15/99
DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TAYLOR, HAROLD W. | 1.2 NAME | |
| STREET ADDRESS | 42 TERA LANE, S.W. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER HAVEN FL | 1.4 CITY-ST-ZIP | |
| TITLE | STD <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TAYLOR, ERNESTINE C. | 2.2 NAME | |
| STREET ADDRESS | 42 TERA LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER HAVEN FL | 2.4 CITY-ST-ZIP | |
| TITLE | DVP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEST, THERON | 3.2 NAME | |
| STREET ADDRESS | 609 SHAKESPEARE DR | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE LAND FL 33801 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRITTEN WEST, GERTRUDE | 4.2 NAME | |
| STREET ADDRESS | 609 SHAKESPEARE DR | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE LAND FL 33801 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRUITT, JACK | 5.2 NAME | |
| STREET ADDRESS | 264 HUNTLEY | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE PLACID FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Signature and typed or printed name of signing officer or director

Brenda

9/15/99

441-294-489

Daytime Phone #

CR2E037 (5/99)