

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09135

1. Entity Name

CHRISTIAN TRAINING IN LIVING CENTER, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

05-10-2000 90006 001 \*\*\*\*61.25

05-10-2000 90006 002 \*\*\*\*\*8.75

|                                                                                |                                                                        |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br>42 TERRA LANE SW<br>WINTER HAVEN FL 33880<br>US | Mailing Address<br>42 TERA LANE SW<br>WINTER HAVEN FL 33880-1730<br>US |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------|

|                                                   |                                       |
|---------------------------------------------------|---------------------------------------|
| 2. Principal Place of Business<br>818 WESTWIND LN | 3. Mailing Address<br>818 WESTWIND LN |
|---------------------------------------------------|---------------------------------------|

|                                  |                     |
|----------------------------------|---------------------|
| Suite, Apt. #, etc.<br>FERN PARK | Suite, Apt. #, etc. |
|----------------------------------|---------------------|

|                    |                               |
|--------------------|-------------------------------|
| City & State<br>FL | City & State<br>FERN PARK, FL |
|--------------------|-------------------------------|

|              |                            |              |                |
|--------------|----------------------------|--------------|----------------|
| Zip<br>32730 | Country<br>USA<br>SEMINOLE | Zip<br>32730 | Country<br>USA |
|--------------|----------------------------|--------------|----------------|



DO NOT WRITE IN THIS SPACE

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2551723 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                                                                                     |
|-----------------------------------------------------------------------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
|-----------------------------------------------------------------------------------------------------|

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
DONALD L. TAYLOR  
Street Address (P.O. Box Number is Not Acceptable)  
818 WESTWIND LN  
City  
FERN PARK FL Zip Code  
32730

8. 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 DONALD L. TAYLOR 4/27  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

|                             |                                                                                                                 |                                              |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| FILE NOW:<br>FEE IS \$61.25 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make Check Payable to<br>Department of State |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------|

10. OFFICERS AND DIRECTORS

|              |                                |                                      |                                      |                                            |
|--------------|--------------------------------|--------------------------------------|--------------------------------------|--------------------------------------------|
| TITLE<br>PD  | NAME<br>TAYLOR, HAROLD W.      | STREET ADDRESS<br>42 TERA LANE, S.W. | CITY-ST-ZIP<br>WINTER HAVEN FL       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>DVP | NAME<br>WEST, THERON           | STREET ADDRESS<br>609 SHAKESPEARE DR | CITY-ST-ZIP<br>LAKELAND FL 33801     | <input type="checkbox"/> Delete            |
| TITLE<br>D   | NAME<br>BRITTEN WEST, GERTRUDE | STREET ADDRESS<br>609 SHAKESPEARE DR | CITY-ST-ZIP<br>LAKELAND FL 33801     | <input type="checkbox"/> Delete            |
| TITLE<br>D   | NAME<br>TRUITT, JACK           | STREET ADDRESS<br>264 HUNTLEY        | CITY-ST-ZIP<br>LAKE PLACID FL        | <input type="checkbox"/> Delete            |
| TITLE<br>STD | NAME<br>TAYLOR, DONALD         | STREET ADDRESS<br>42 TERRA LANE SW   | CITY-ST-ZIP<br>WINTER HAVEN FL 33880 | <input type="checkbox"/> Delete            |
| TITLE<br>    | NAME<br>                       | STREET ADDRESS<br>                   | CITY-ST-ZIP<br>                      | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|             |                          |                                          |                                    |                                                                              |
|-------------|--------------------------|------------------------------------------|------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>PD | NAME<br>DONALD L. TAYLOR | STREET ADDRESS<br>818 WESTWIND LN        | CITY-ST-ZIP<br>FERN PARK, FL 32730 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>ID | NAME<br>JAMES C TAYLOR   | STREET ADDRESS<br>1333 NORMANBY TRAIL RD | CITY-ST-ZIP<br>TAMPA, FL 33602     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>   | NAME<br>                 | STREET ADDRESS<br>                       | CITY-ST-ZIP<br>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>   | NAME<br>                 | STREET ADDRESS<br>                       | CITY-ST-ZIP<br>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>   | NAME<br>                 | STREET ADDRESS<br>                       | CITY-ST-ZIP<br>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>   | NAME<br>                 | STREET ADDRESS<br>                       | CITY-ST-ZIP<br>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 2.3.00 407-260-8571  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)