

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90214 004 ****61.25

DOCUMENT # N12962

1. Corporation Name

CHRISTIAN LEADERSHIP PRAYER BREAKFAST, INC.

Principal Place of Business

C/O CALVIN H BABCOCK
300 GRECO AVE
CORAL GABLES FL 33146-1811
US

Mailing Address

C/O CALVIN H BABCOCK
300 GRECO AVE
CORAL GABLES FL 33146-1811
US



2. Principal Place of Business

21 1773 N.W. 79 Avenue

2a. Mailing Address

26 1773 N.W. 79 Avenue

3. Date Incorporated or Qualified

01/15/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2052736

Applied For

Not Applicable

City & State

23 Miami, FL

City & State

28 Miami, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

24 33126 25 USA

Zip Country

29 33126 30 USA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**BABCOCK, CALVIN H
300 GRECO AVE
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name

Calvin H. Babcock

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

1773 N.W. 79 Avenue

83

84 City

Miami

FL

85 Zip Code

33126

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VD PALMER, PAUL**
STREET ADDRESS **12790 S DIXIE HWY**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ DELETE
NAME **PD BABCOCK, CALVIN**
STREET ADDRESS **300 GRECO AVE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE
NAME **STD GARDNER, BARBARA J**
STREET ADDRESS **300 GRECO AVE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **PD Calvin H. Babcock**
2.3 STREET ADDRESS **1773 N.W. 79 Avenue**
2.4 CITY-ST-ZIP **Miami, FL 33126**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **STD Barbara J. Gardner**
3.3 STREET ADDRESS **1773 N.W. 79 Avenue**
3.4 CITY-ST-ZIP **Miami, FL 33126**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 recorder 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

Date

Daytime Phone #

CR2E037 (11/98)

0031565