


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N25429 (4)
1. Corporation Name
CHRIST CENTERED LIFE MINISTRIES INC.



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|---|---|
| Principal Place of Business PO BOX 382 HALLENDALE FL 33008-0382 | Mailing Address PO BOX 382 HALLENDALE FL 33008-0382 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/16/1988 | 3a. Date of Last Report 06/14/1996 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. | 2a. Mailing Address 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0057463 | Applied For Not Applicable |
| 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 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**TOLBERT, VERDELL
1560 NW 154TH ST
#105
MIAMI FL 33054**

10. Name and Address of New Registered Agent

| | |
|---|-----------|
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | TOLBERT, LONNIE | 1.2 NAME | Elroy Barber |
| STREET ADDRESS | 2463 OAKGARDEN LANE | 1.3 STREET ADDRESS | 1237 S. 28th Ave |
| CITY-ST-ZIP | HOLLYWOOD FL | 1.4 CITY-ST-ZIP | Hollywood, FL 33020 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TOLBERT, VERDELL | 2.2 NAME | |
| STREET ADDRESS | 2463 OAKGARDEN LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EASON, WILLIE | 3.2 NAME | |
| STREET ADDRESS | 152 TERRACE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | OPALOCKA FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TUCKER, ERIC | 4.2 NAME | |
| STREET ADDRESS | 17351 NW 61ST CT. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33015 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input 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 do 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: Verdell Tolbert / **Verdell Tolbert / Director** 5-7-97 305-685-8568
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0022499

CR2E037 (9/96)