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May 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N25429

1. Corporation Name
CHRIST CENTERED LIFE MINISTRIES INC.

Principal Place of Business PO BOX 382 HALLENDALE FL 33008-0382	Mailing Address PO BOX 382 HALLENDALE FL 33008-0382
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2. Principal Place of Business 21 3362 N.W. 151 st Terr. Suite, Apt. #, etc. 22	2a. Mailing Address 26 P.O. Box 540702 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 03/16/1988
City & State 23 Miami, FL	City & State 28 Miami, FL	4. FEI Number 65-0057463 Applied For Not Applicable
Zip 24 33054	Country 25 USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
29 33054	30 USA	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

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

10. Name and Address of New Registered Agent

81 Name **Martin Simon**
82 Street Address (P.O. Box Number is Not Acceptable)
~~33054~~
83
84 City **Islamorada** FL 85 Zip Code **33054**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	S = Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOLBERT, LONNIE	1.2 NAME	D = Director Martin Simon
STREET ADDRESS	2463 OAKGARDEN LANE	1.3 STREET ADDRESS	852 Hibiscus Rd.
CITY-ST-ZIP	HOLLYWOOD FL 33008	1.4 CITY-ST-ZIP	Islamorada FL 33036
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 33008	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBER, ELROY	3.2 NAME	
STREET ADDRESS	1237 S 28TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33008	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 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: Verdell Tolbert 4/30/99 305-685-8568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)