

FILE NOW: FILING FEE IS \$61.25

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90102 045 \*\*\*\*70.00

0025419

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**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
---	---



2. Principal Place of Business 21 <b>3362 N.W. 151<sup>st</sup> Terr.</b>	2a. Mailing Address 26 <b>P.O. Box 540702</b>	3. Date Incorporated or Qualified <b>03/16/1988</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>65-0057463</b>
City & State 23 <b>Miami, FL</b>	City & State 28 <b>Miami, FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>33054</b>	Country 25 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Country 29 <b>USA</b>	Zip 30 <b>USA</b>	

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 <b>Marlin Simon</b>
82 Street Address (P.O. Box Number is Not Acceptable) <del>33054</del>
83
84 City <b>Islamorada</b>
85 Zip Code <b>FL 33036</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>S = <del>Mar</del> Secretary /</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>TOLBERT, LONNIE</b>		1.2 NAME <b>D = Director Marlin Simon</b>	
STREET ADDRESS <b>2463 OAKGARDEN LANE</b>		1.3 STREET ADDRESS <b>852 Hibiscus Rd.</b>	
CITY-ST-ZIP <b>HOLLYWOOD FL 33008</b>		1.4 CITY-ST-ZIP <b>Islamorada FL 33036</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TOLBERT, VERDELL</b>		2.2 NAME	
STREET ADDRESS <b>2463 OAKGARDEN LANE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>HOLLYWOOD FL 33008</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BARBER, ELROY</b>		3.2 NAME	
STREET ADDRESS <b>1237 S 28TH AVE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>HOLLYWOOD FL 33008</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>TUCKER, ERIC</b>		4.2 NAME	
STREET ADDRESS <b>17351 NW 61ST CT.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33015</b>		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)