

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90026 026 \*\*\*\*70.00

**DOCUMENT # N25429**

1. Entity Name

**CHRIST CENTERED LIFE MINISTRIES INC.**

Principal Place of Business

Mailing Address

3362 NW 151 TERR  
 MIAMI FL 33054

PO BOX 540702  
 MIAMI FL 33054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0057463**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOLBERT, VERDELL**  
**1580 NW 154TH ST**  
**#105**  
**MIAMI FL 33054**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **TOLBERT, LONNIE**  
 STREET ADDRESS **2463 OAKGARDEN LANE**  
 CITY-ST-ZIP **HOLLYWOOD FL 33008**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **TOLBERT, VERDELL**  
 STREET ADDRESS **2463 OAKGARDEN LANE**  
 CITY-ST-ZIP **HOLLYWOOD FL 33008**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **BARBER, ELROY**  
 STREET ADDRESS **1237 S 28TH AVE**  
 CITY-ST-ZIP **HOLLYWOOD FL 33008**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **TUCKER, ERIC**  
 STREET ADDRESS **17351 NW 61ST CT.**  
 CITY-ST-ZIP **MIAMI FL 33015**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **SIMON, MARLIN**  
 STREET ADDRESS **852 HIBISCUS RD**  
 CITY-ST-ZIP **ISLANMARADE FL 33036**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Signature of Tolbert*

9/3/01

305-685-8568

CR2E037 (5/01)