

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2002 8:00 am
Secretary of State

09-02-2002 90142 012 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0057463

Applied For

Not Applicable

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
1560 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
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	<input type="checkbox"/> Delete
NAME	TOLBERT, LONNIE	
STREET ADDRESS	2463 OAKGARDEN LANE	
CITY-ST-ZIP	HOLLYWOOD FL 33008	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOLBERT, VERDELL	
STREET ADDRESS	2463 OAKGARDEN LANE	
CITY-ST-ZIP	HOLLYWOOD FL 33008	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARBER, ELROY	
STREET ADDRESS	1237 S 28TH AVE	
CITY-ST-ZIP	HOLLYWOOD FL 33008	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TUCKER, ERIC	
STREET ADDRESS	17351 NW 61ST CT.	
CITY-ST-ZIP	MIAMI FL 33015	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SIMON, MARLIN	
STREET ADDRESS	852 HIBISCUS RD	
CITY-ST-ZIP	ISLANMARADE FL 33036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paulette Barber	
STREET ADDRESS	1237 S 28th Ave	
CITY-ST-ZIP	Hollywood FL 33008	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elouise Perkins	
STREET ADDRESS	1811 NW. 151 St	
CITY-ST-ZIP	Opa Locca, FLORIDA 33054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Verdell Tolbert*

08/01/02 305-335-831

CR2E037 (4/02)