


112

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

04-05

**DOCUMENT # N25429**  
 1. Entity Name  
**CHRIST CENTERED LIFE MINISTRIES INC.**



**FILED**  
**05 MAY 19 PM 2:19**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
 3362 NW 151 TERR      PO BOX 540702  
 MIAMI, FL 33054      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

10052004 REIN-NP      CR2E099 (6/04)

4. FEI Number      Applied For  
**65-0057463**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 TOLBERT, VERDELL  
 1560 NW 154TH ST  
 #105  
 MIAMI, FL 33054

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$61.25**  
**After January 1, 2005, Fee will be \$122.50**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> TOLBERT, LONNIE 2463 OAKGARDEN LANE HOLLYWOOD, FL 33008	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> TOLBERT, VERDELL 2463 OAKGARDEN LANE HOLLYWOOD, FL 33008	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> BARBER, PAULETTE 1237 S 28TH AVE HOLLYWOOD, FL 33008	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> PERKINS, ELOUISE 1811 NW 151 ST OPA LOCKA, FL 33054	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> SIMON, MARLIN 852 HIBISCUS RD ISLANMARADE, FL 33036	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000054847040</b> <b>05/19/05--01018--002    **122.50</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Talbert      Date: 5/14/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date

972.50

2/2

P.O. Box 540702  
Miami, Florida 33054  
Ph: 305-335 8131



**Christ Centered  
Life Ministries, Inc.**

Document No. # N25429  
May 10, 2005

ATT: EULA

To whom it may concern:

During 2004 Hurricane in Florida I did not receive the proper forms for the articles of incorporation, because it was during the time of the hurricane the correct download forms were not available on the Internet. I called one of your representatives. He instructed me to mail the check and what I had.

Please waive my late fee for 2004, because I did not receive the forms.

Verdell Tolbert

*Transforming our generations through the power of God*