

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25429

FILED  
Aug 30, 2006  
Secretary of State

Entity Name: CHRIST CENTERED LIFE MINISTRIES INC.

**Current Principal Place of Business:**

3362 NW 151 TERR  
MIAMI, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 540702  
MIAMI, FL 33054

**New Mailing Address:**

FEI Number: 65-0057463      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TOLBERT, LONNIE,  
Address: 2463 OAKGARDEN LANE  
City-St-Zip: HOLLYWOOD, FL 33008

Title: D ( ) Delete  
Name: TOLBERT, VERDELL,  
Address: 2463 OAKGARDEN LANE  
City-St-Zip: HOLLYWOOD, FL 33008

Title: D ( ) Delete  
Name: BARBER, PAULETTE  
Address: 1237 S 28TH AVE  
City-St-Zip: HOLLYWOOD, FL 33008

Title: D ( ) Delete  
Name: PERKINS, ELOUISE  
Address: 1811 NW 151 ST  
City-St-Zip: OPA LOCKA, FL 33054

Title: SD ( ) Delete  
Name: SIMON, MARLIN  
Address: 852 HIBISCUS RD  
City-St-Zip: ISLANMARADE, FL 33036

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERDELL TOLBERT

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

DIRE

08/30/2006

\_\_\_\_\_ Date