

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 25, 2003 8:00 am
Secretary of State

08-25-2003 90105 041 ****70.00

0006641

DOCUMENT # N25429

1. Entity Name

CHRIST CENTERED LIFE MINISTRIES INC.



Principal Place of Business

**3362 NW 151 TERR
MIAMI FL 33054**

Mailing Address

**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

CHECK HERE IF MAKING CHANGES



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

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 REQUIRED

08/09/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (4/03)