

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28916

FILED
Jan 15, 2009
Secretary of State

Entity Name: CHRISTIAN LIFE MISSION, INC.

Current Principal Place of Business:

14105 S.W. 184 ST
MIAMI, FL 33177 US

New Principal Place of Business:

Current Mailing Address:

14105 S.W. 184 ST
MIAMI, FL 33177 US

New Mailing Address:

FEI Number: 65-0078303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, JAVIER
15311 SW 177 TER
MIAMI, FL 33187 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: PD () Delete
Name: ACOSTA, JAVIER
Address: 15311 SW 177 TER
City-St-Zip: MIAMI, FL 33187 US

Title: SD () Delete
Name: PUERTAS, DINELIA
Address: 2041 SE 15TH ST
City-St-Zip: MIAMI, FL 33035 US

Title: D () Delete
Name: PUERTAS, RALPH
Address: 22035 SW 128 CRT.
City-St-Zip: MIAMI, FL 33170

Title: D () Delete
Name: MALDONADO, RICHARD
Address: 18405 S.W. 88TH CT.
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: BARLOCK, DAVID
Address: 6845 WOLFE RUN RD. SE
City-St-Zip: DENNISON, OH 44621

Title: D () Delete
Name: BERNARDONI, DANIA
Address: 2183 SW 173 AVE
City-St-Zip: MIRAMAR, FL 33025

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
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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 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: JAVIER ACOSTA

PD

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date