

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY 23 PM 1:06  
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**DOCUMENT # N48324 (0)**  
1. Corporation Name  
**CHRISTIAN LEADERSHIP TRAINING, INC.**

Principal Place of Business Mailing Address  
**1013 SPRINGDALE CIRCLE  
PALM SPRINGS FL 33461**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/13/1992</b>	3a. Date of Last Report <b>08/02/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**MCELHINNEY, GLENN R  
901 S. FLAGLER DR.  
W. PALM BEACH FL 33416-4708**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>MCELHINNEY, GLENN R</b> STREET ADDRESS <b>1013 SPRINGDALE CIRCLE</b> CITY - ST - ZIP <b>PALM SPRINGS FL</b>	11 TITLE <b>C D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b>	NAME <b>KAO, QUEN</b> STREET ADDRESS <b>1160 HIATUS RD.</b> CITY - ST - ZIP <b>PEMBROOK PINE FL 33026</b>	21 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TVD</b>	NAME <b>LUCAS, HAROLD</b> STREET ADDRESS <b>819 AVON RD.</b> CITY - ST - ZIP <b>W. PALM BCH. FL 33401</b>	31 TITLE <b>VDS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>DS</b>	NAME <b>LEWTER, BILLY R</b> STREET ADDRESS <b>2370 BIMINI DR.</b> CITY - ST - ZIP <b>W. PALM BCH. FL 33408</b>	41 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	51 TITLE <b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	52 NAME <b>Daniel Wielhouwer, II</b>	
TITLE	NAME	53 STREET ADDRESS <b>9370 SW 8th St #221</b>	
TITLE	NAME	54 CITY - ST - ZIP <b>DOCA RATON, FL 33074</b>	
TITLE	NAME	61 TITLE	
TITLE	NAME	62 NAME	
TITLE	NAME	63 STREET ADDRESS	
TITLE	NAME	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Glenn R. McElhinney Glenn R. McElhinney 4-28-95 835-4363  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR