

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N48324 (0)**  
 1. Corporation Name  
**CHRISTIAN LEADERSHIP TRAINING, INC.**



Principal Place of Business <b>1013 SPRINGDALE CIRCLE PALM SPRINGS FL 33461</b>	Mailing Address <b>1013 SPRINGDALE CIRCLE PALM SPRINGS FL 33461</b>
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3. Date Incorporated or Qualified <b>04/13/1992</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**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**

<b>81</b> Name		
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)		
<b>83</b>		
<b>84</b> City	<b>FL</b>	<b>85</b> Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MCELLINNEY, GLENN R</b>		1.2 NAME	
STREET ADDRESS <b>1013 SPRINGDALE CIRCLE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM SPRINGS FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>KAO, QUEN</b>		2.2 NAME	
STREET ADDRESS <b>1160 HIATUS RD.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PEMBROOK PINE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>VDS</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LUCAS, HAROLD</b>		3.2 NAME	
STREET ADDRESS <b>8375 N. MIZZEN DR.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOYNTON BEACH FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LEWTER, BILLY R</b>		4.2 NAME	
STREET ADDRESS <b>2370 BIMINI DR.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>W. PALM BCH. FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WIELHOUWER, DANIEL II</b>		5.2 NAME	
STREET ADDRESS <b>9370 SW 8TH ST 221</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 617, 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* 5/15/98 611/967-3921

CR2E037 (10/97)