

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90155 034 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N48324

Corporation Name
CHRISTIAN LEADERSHIP TRAINING, INC.

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



Principal Place of Business 8375 N. MIZZENDR	2a. Mailing Address 8375 N. MIZZENDR	3. Date Incorporated or Qualified 04/13/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE
City & State BOYNTON BEACH, FL	27. City & State BOYNTON BEACH, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25. Zip 33461	29. Zip 33461	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

MCELHINNEY, GLENN R
 901 S. FLAGLER DR.
 W. PALM BEACH FL 33416-4708

81. Name HAROLD W. LUCAS
82. Street Address (P.O. Box Number is Not Acceptable) 8375 N. MIZZENDR
83.
84. City BOYNTON BEACH
85. Zip Code FL 33437-2721

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 *Harold W. Lucas* **HAROLD W. LUCAS** **4-26-99**
Signature, typed 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 CD	<input type="checkbox"/> DELETE	1.1 TITLE McElhinney, Glenn R	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCELINNEY, GLENN R		1.2 NAME	
STREET ADDRESS 1013 SPRINGDALE CIRCLE		1.3 STREET ADDRESS 269 Baker Lake Dr.	
CITY-ST-ZIP PALM SPRINGS FL		1.4 CITY-ST-ZIP Westerville, OH 43081	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAO, QUEN		2.2 NAME	
STREET ADDRESS 1160 HIATUS RD.		2.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROOK PINE FL		2.4 CITY-ST-ZIP	
TITLE VDS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LUCAS, HAROLD		3.2 NAME	
STREET ADDRESS 8375 N. MIZZEN DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWTER, BILLY R		4.2 NAME	
STREET ADDRESS 2370 BIMINI DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP W. PALM BCH. FL		4.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WIELHOUWER, DANIEL II		5.2 NAME	
STREET ADDRESS 9370 SW 8TH ST 221		5.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL		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, with all other like empowered.

SIGNATURE: *Glenn R McElhinney* **GLENN R MCELHINNEY** **4/20/99** **614/9010632**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)