

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90275 008 \*\*\*\*61.25

**DOCUMENT # N48324**

1. Entity Name

**CHRISTIAN LEADERSHIP TRAINING, INC.**

Principal Place of Business

Mailing Address

**8375 N MIZZEN DRIVE  
 BOYNTON BEACH FL  
 US**

**8375 N MIZZEN DRIVE  
 BOYNTON BEACH FL  
 US**

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

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUCAS, HAROLD W  
 8375 NORTH MIZZEN DRIVE  
 BOYNTON BEACH FL 33437-2721**

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.

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**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD**  Delete  
 NAME **MCELLINNEY, GLENN R**  
 STREET ADDRESS **269 BAKER LAKE DRIVE**  
 CITY-ST-ZIP **WESTERVILLE OH 43081**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **KAO, QUEN**  
 STREET ADDRESS **1160 HIATUS RD.**  
 CITY-ST-ZIP **PEMBROOK PINE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VDS**  Delete  
 NAME **LUCAS, HAROLD**  
 STREET ADDRESS **8375 N. MIZZEN DR.**  
 CITY-ST-ZIP **BOYNTON BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **LEWTER, BILLY R**  
 STREET ADDRESS **2370 BIMINI DR.**  
 CITY-ST-ZIP **W. PALM BCH. FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **WIELHOUWER, DANIEL II**  
 STREET ADDRESS **9370 SW 8TH ST 221**  
 CITY-ST-ZIP **BOCA RATON FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:** *Y. SIGNATURE OF OFFICER*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/01 404-901-0632  
 Date Daytime Phone #

CR2E037 (10/00)