


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90008 023 ****61.25

DOCUMENT # N49219 1. Entity Name CHRISTIAN LIFE ASSEMBLY OF GOD CHURCH, INCORPORATED					
Principal Place of Business 13065 JAQUELINE STREET BROOKSVILLE, FL 34613 US			Mailing Address 13065 JAQUELINE STREET BROOKSVILLE, FL 34613 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 59-3130222	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HENSEL, JOHN R 1299 PIPER RD SPRING HILL, FL 34606				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Rev. John R Hensel</u> 2/27/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HENSEL, JOHN R		NAME		
STREET ADDRESS	1299 PIPER RD		STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL, FL 34606		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RUSSO, ED		NAME	Lee Johnson, Secretary	
STREET ADDRESS	1437 E MEMORIAL RD		STREET ADDRESS	26011 Willow ST	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	Brooksville FL 34601	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DEAN, MATTHEW		NAME	Treasurer	
STREET ADDRESS	5390 LEGEND HILLS LANE		STREET ADDRESS	Bob Beards	
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP	12314 Sunshine Grove Rd	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RABURN, TERRY		NAME	Deacon	
STREET ADDRESS	1437 E MEMORIAL RD		STREET ADDRESS	Peter Ambrose	
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP	8329 Belmont Rd.	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, DAVID		NAME		
STREET ADDRESS	20366 CORTEZ BLVD.		STREET ADDRESS		
CITY-ST-ZIP	BROOKSVILLE, FL 34601		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Rev. John R Hensel</u> 2/27/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date <u>2/27/06</u> Daytime Phone # <u>352-597-1139</u>					