

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000385

FILED
Apr 01, 2011
Secretary of State

Entity Name: CHRISTIAN LIVING CENTER, INC.

Current Principal Place of Business:

405 E. DAMON ST.
PLANT CITY, FL 33563 US

New Principal Place of Business:

Current Mailing Address:

405 E. DAMON ST.
PLANT CITY, FL 33563 US

New Mailing Address:

FEI Number: 59-3178740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHIVERS, ROBERT E
1108 E. KNIGHTS GRIFFIN RD
PLANT CITY, FL 33565 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T
Name: BAKER, BOBBIE
Address: 1210 ORANGE STREET
City-St-Zip: PLANT CITY, FL 33566

Title: VP
Name: CATON, BERNARD W
Address: 503 SUNSET RD.
City-St-Zip: PLANT CITY, FL 33566

Title: S
Name: MALCUIT, VIRGINIA
Address: 2608 SOUTHERN OAKS PL
City-St-Zip: PLANT CITY, FL 33566

Title: P
Name: SHIVERS, ROBERT E
Address: 1108 E. KNIGHTS GRIFFIN RD
City-St-Zip: PLANT CITY, FL 33565

Title: D
Name: MCDONALD, CHARLES
Address: 4706 NESMITH ROAD
City-St-Zip: PLANT CITY, FL

Title: D
Name: HENRY, MYRLE
Address: 3716 KEENE RD
City-St-Zip: PLANT CITY, FL 33565

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT SHIVERS

P

04/01/2011

Electronic Signature of Signing Officer or Director

Date