FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 19 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000474 (8)**

1. Corporation Name

CHRISTIAN LIFE RESTORATION CENTER, INC.

Principal Place of Business	Mailing Address
7535 W OAKLAND PARK BLVD LAUDERHILL FL 33319	7535 W OAKLAND PARK BLVD LAUDERHILL FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/1992	3a. Date of Last Report: 04/15/1994
4. FEI Number: 65-0372032	☐ Applied For ☐ Not Applicable

2. Principal Place of Business: 21 4501 N. STATE Rd 7	2a. Mailing Address: 26 4501 N. STATE Rd 7
Suite, Apt. # etc. 22	Suite, Apt. # etc. 27
City & State 23 Lauderdale Lakes FL	City & State 28 Lauderdale Lakes FL.
Zip 24 33319 Country 25 U.S.A	Zip 29 33319 Country 30 U.S.A

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FABRE, GEORGE 7411 NW 75TH ST TAMARAC FL 33321	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] PRESIDENT - PASTOR 5/1/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	FABRE, GEORGE	NAME	
STREET ADDRESS	7411 N.W. 75 STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	CITY-ST-ZIP	
TITLE	VPD	TITLE	☐ Change ☐ Addition
NAME	FABRE, YOLETTE	NAME	
STREET ADDRESS	7411 N.W. 75 STREET	STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	CITY-ST-ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	TELLUS, VERNAUTE	NAME	
STREET ADDRESS	7537 W. OAKLAND PARK	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] GEORGE FABRE — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/95 Date — (305) 726-3680 Daytime Phone #

0046870