

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N92000000474 (8)**

1. Corporation Name

CHRISTIAN LIFE RESTORATION CENTER, INC.



Principal Place of Business

Mailing Address

4501 N STATE RD 7
LAUDERDALE LAKES FL 33319
US

4501 N STATE RD 7
LAUDERDALE LAKES FL 33319
US

3. Date Incorporated or Qualified
11/23/1992

3a. Date of Last Report
05/18/1995

2. Principal Place of Business

2a. Mailing Address

21 **4501 N. State rd 7**

26 **4501 N. State rd 7**

4. FEI Number
65-0372032

Applied For
Not Applicable

22 Suite, Apt. #, etc

27 Suite, Apt. #, etc.

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

23 **Lauderhdale Lakes FL**

28 **Lauderhdale Lakes FL**

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

24 **33319** 25 **U.S.A**

29 **33319** 30 **U.S.A**

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 **FABRE, GEORGE**
82 Street Address (P.O. Box Number is Not Acceptable)
4072 INVERARY drive
83
84 City **Lauderhill** 85 Zip Code **FL 33319**

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

(Signature) (Typed or printed name of registered agent) and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

1/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FABRE, GEORGE	
STREET ADDRESS	7411 N.W. 75 STREET	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FABRE, YOLETTE	
STREET ADDRESS	7411 N.W. 75 STREET	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TELLUS, VERNAUTE	
STREET ADDRESS	7537 W. OAKLAND PARK	
CITY - ST - ZIP	LAUDERHILL FL 33319	
TITLE	Treas.	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	P.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FABRE, George	
1.3 STREET ADDRESS	4072 INVERARY drive	
1.4 CITY - ST - ZIP	Lauderhill FL. 33319	
2.1 TITLE	V.P.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FABRE, Yolette	
2.3 STREET ADDRESS	4072 INVERARY dr	
2.4 CITY - ST - ZIP	Lauderhill FL. 33319	
3.1 TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TELLUS, VERNAUTE	
3.3 STREET ADDRESS	4501 N. STATE Rd 7	
3.4 CITY - ST - ZIP	LAUD. LAKES FL. 33319	
4.1 TITLE	T.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	EXEMAR, Willy. J.	
4.3 STREET ADDRESS	4501 N. STATE Rd 7	
4.4 CITY - ST - ZIP	LAUD. LAKES. FL. 33319	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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.

SIGNATURE:

(Signature) (Typed or printed name of signing officer or director)

1/29/96 (95) 735-8051

Date Day/Time Phone #

CR2E037 (12/95)