


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90050 037 ****70.00

DOCUMENT # N92000000474
 1. Entity Name
CHRISTIAN LIFE RESTORATION CENTER, INC.



Principal Place of Business Mailing Address
7573 W OAKLAND PARK BLVD **4072 INVERRARY DR.**
LAUDERHILL **LAUDERHILL FL 33319**
LAUDERHILL FL 3319 **US**
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 Applied For
65-0372032 Not Applicable

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



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent
FABRE, GEORGE
4072 INVERRARY DR.
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: *George Fabre, Sr.* DATE: *3/22/04*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | FABRE, GEORGE | |
| STREET ADDRESS | 4072 INVERRARY DR. | |
| CITY-ST-ZIP | LAUDERHILL FL | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | FABRE, YOLETTE | |
| STREET ADDRESS | 4072 INVERRARY DR. | |
| CITY-ST-ZIP | LAUDERHILL FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | TELLUS, VERNANTE | |
| STREET ADDRESS | 4501 N. SR 7 | |
| CITY-ST-ZIP | LAUD. LAKES FL | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | SAINT PIERRE, MAUDELINE | |
| STREET ADDRESS | 4501 N. STATE RD. 7 | |
| CITY-ST-ZIP | LAUDERDALE LAKES FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *George Fabre, Sr.* DATE: *3/22/04* DAYTIME PHONE #: *(954) 735-8051*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR