

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

APR 26 11 08:15

DOCUMENT # N93000004510 (4)

1. Corporation Name

CHRISTIAN LIFE WORSHIP CENTER, INCORPORATED

Principal Place of Business

Mailing Address

1400 PALM BAY RD  
SUITE B  
PALM BAY FL 32905  
US

1150 SALINA STREET N.E.  
PALM BAY FL 32909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1993  
3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-3202080  
Applied For: Not Applicable

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: # 61-2501 \$68.75 Supplemental Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CURTIS, MILFORD P  
1150 SALINA STREET N.E.  
PALM BAY FL 32909

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	CURTIS, M PAUL
STREET ADDRESS	1150 SALINA ST SE
CITY - ST - ZIP	PALM BAY FL
TITLE	VP
NAME	CURTIS, PENNY SUE
STREET ADDRESS	1150 SALINA ST SE
CITY - ST - ZIP	PALM BAY FL
TITLE	S
NAME	DITCHFIELD, EDWINA M
STREET ADDRESS	1556 WACKER ST SE
CITY - ST - ZIP	PALM BAY FL
TITLE	<del>X</del>
NAME	<del>O'NEIL, ERIC</del>
STREET ADDRESS	<del>1863 GREEN COVE AVE</del>
CITY - ST - ZIP	<del>PALM BAY FL</del>
TITLE	T
NAME	LEWIS, DON
STREET ADDRESS	3230 AURORA RD
CITY - ST - ZIP	MELBOURNE FL
TITLE	T
NAME	FIELD, STAN
STREET ADDRESS	108 E MELBOURNE AVE
CITY - ST - ZIP	MELBOURNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	David Payne T
4.3 STREET ADDRESS	635 Americana Blvd
4.4 CITY - ST - ZIP	Palm Bay, FL 32907
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, on an attachment with an address.

SIGNATURE: *M. Paul Curtis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1995 407  
728-0295