

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 # **N93000004510 (4)**

1. Corporation Name
CHRISTIAN LIFE WORSHIP CENTER, INCORPORATED



Principal Place of Business: **1400 PALM BAY RD SUITE B PALM BAY FL 32905 US**
Mailing Address: **1150 SALINA STREET N.E. PALM BAY FL 32909**

3. Date Incorporated or Qualified: **09/30/1993**
3a. Date of Last Report: **06/02/1995**
4. FEI Number: **59-3202060**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 1045 John Rodes Blvd**
2a. Mailing Address: **26**
22. Suite, Apt. #, etc.: **27**
23. City & State: **Melbourne**
28. City & State: **28**
24. Zip: **32935** 25. Country: **Brevard** 29. Zip: **30** 30. Country: **30**

9. Name and Address of Current Registered Agent
**CURTIS, MILFORD P
1150 SALINA STREET N.E.
PALM BAY FL 32909**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	CURTIS, M PAUL	
STREET ADDRESS	1150 SALINA ST SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CURTIS, PENNY SUE	
STREET ADDRESS	1150 SALINA ST SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DITCHFIELD, EDWINA M	
STREET ADDRESS	1556 WACKER ST SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PAYNE, DAVID	
STREET ADDRESS	635 AMERICANA BLVD	
CITY-ST-ZIP	PALM BAY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEWIS, DON	
STREET ADDRESS	3230 AURORA RD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	T	<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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: Rev. M. Paul Curtis 5-1-96 728-0295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)