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May 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

1045 JOHN RODES BLVD  
MELBOURNE FL 32935  
US

1150 SALINA STREET N.E.  
PALM BAY FL 32909-5023

3. Date Incorporated or Qualified  
09/30/1993

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
59-3202080

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

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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 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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?

TITLE P  DELETE  
NAME CURTIS, M PAUL  
STREET ADDRESS 1150 SALINA ST SE  
CITY-ST-ZIP PALM BAY FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP SAME

TITLE VP  DELETE  
NAME CURTIS, PENNY SUE  
STREET ADDRESS 1150 SALINA ST SE  
CITY-ST-ZIP PALM BAY FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S  DELETE  
NAME DITCHFIELD, EDWINA M  
STREET ADDRESS 1556 WACKER ST SE  
CITY-ST-ZIP PALM BAY FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T  DELETE  
NAME PAYNE, DAVID  
STREET ADDRESS 835 AMERICANA BLVD  
CITY-ST-ZIP PALM BAY FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T  DELETE  
NAME LEWIS, DON  
STREET ADDRESS 3230 AURORA RD  
CITY-ST-ZIP MELBOURNE FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T  DELETE  
NAME FIELD, STAN  
STREET ADDRESS 108 E MELBOURNE AVE  
CITY-ST-ZIP MELBOURNE FL

6.1 TITLE  Change  Addition  
6.2 NAME E. WAYNE FOURNIER  
6.3 STREET ADDRESS 2154 NEW YORK ST.  
6.4 CITY-ST-ZIP W. MELBOURNE FL 32904

14. I do 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 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.

CR2E037 (9/96)

SECRETARY OF STATE, DIVISION OF CORPORATIONS, P. O. BOX 1000, TALLAHASSEE, FL 32304-1000