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**Apr 29, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000004510**

1. Corporation Name

**CHRISTIAN LIFE WORSHIP CENTER, INCORPORATED**

Principal Place of Business

1045 JOHN RODES BLVD  
MELBOURNE FL 32935  
US

Mailing Address

1150 SALINA STREET N.E.  
PALM BAY FL 32909



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/30/1993

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

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

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.

(NO) If Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE T  
NAME PAYNE, DAVID  
STREET ADDRESS 635 AMERICANA BLVD  
CITY-STATE-ZIP PALM BAY FL ☐ DELETE

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

TITLE T  
NAME FOURNIER, E WAYNE  
STREET ADDRESS 2154 NEW YORK ST  
CITY-STATE-ZIP W MELBOURNE FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

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

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

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

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

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

SECRETARY  
CONNIE PAYNE  
635 AMERICANA BLVD  
PALM BAY, FL 32907

TRUSTEE  
JUDY HARTMAN  
3050 MICHIGAN ST.  
MELBOURNE, FL 32904

14. 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 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 change, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SKNATZBE...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-99 407-728-0295  
Date Daytime Phone #

CR2E037 (11/98)