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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		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	09/30/1993	
22	City & State	27	City & State	4. FEI Number	Applied For / Not Applicable
23	Zip	28	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	Country	29	Country	6. Election Campaign Financing / Trust Fund Contribution	\$5.00 May Be Added to Fees

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	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.		(NONE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CURTIS, M PAUL		1.2 NAME				
STREET ADDRESS	1150 SALINA ST SE		1.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BAY FL		1.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CURTIS, PENNY SUE		2.2 NAME				
STREET ADDRESS	1150 SALINA ST SE		2.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BAY FL		2.4 CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	DITCHFIELD, EDWINA M		3.2 NAME				
STREET ADDRESS	1556 WACKER ST SE		3.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BAY FL		3.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	PAYNE, DAVID		4.2 NAME				
STREET ADDRESS	635 AMERICANA BLVD		4.3 STREET ADDRESS				
CITY-ST-ZIP	PALM BAY FL		4.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LEWIS, DON		5.2 NAME				
STREET ADDRESS	3230 AURORA RD		5.3 STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE FL		5.4 CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	FOURNIER, E WAYNE		6.2 NAME				
STREET ADDRESS	2154 NEW YORK ST		6.3 STREET ADDRESS				
CITY-ST-ZIP	W MELBOURNE FL		6.4 CITY-ST-ZIP				

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

SIGNATURE: *[Handwritten Signature]* 4-21-99 407-728-0295
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)