

2000 UNIFORM BUSINESS REPORT (UBR)

5/22

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-22-2000 90084 047 ****61.25

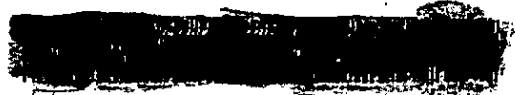
DOCUMENT # N93000004510
 1. Entity Name
CHRISTIAN LIFE WORSHIP CENTER, INCORPORATED *R*

Principal Place of Business Mailing Address
1045 JOHN RODES BLVD **1150 SALINA STREET N.E.**
MELBOURNE FL 32935 **PALM BAY FL 32909-5023**
US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-3202080 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	P CURTIS, M PAUL	<input type="checkbox"/> Delete
STREET ADDRESS	1150 SALINA ST SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE NAME	VP CURTIS, PENNY SUE	<input type="checkbox"/> Delete
STREET ADDRESS	1150 SALINA ST SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE NAME	S PAYNE, CONNIE	<input type="checkbox"/> Delete
STREET ADDRESS	635 AMERICANA BLVD	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE NAME	T PAYNE, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	635 AMERICANA BLVD	
CITY-ST-ZIP	PALM BAY FL	
TITLE NAME	T LEWIS, DON	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3230 AURORA RD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE NAME	T HARTMAN, JUDY	<input type="checkbox"/> Delete
STREET ADDRESS	3050 MICHIGAN ST	
CITY-ST-ZIP	MELBOURNE FL 32904	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Russell Sumner
CITY-ST-ZIP	119 White Crest Dr. N.E Cleveland, Tenn. 37311
TITLE NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Trell Sumner
CITY-ST-ZIP	119 White Crest Dr. N.E Cleveland, Tenn. 37311
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE: *MICHAEL B. DESTURED M. Paul Curtis* **321**
 _____ **4-28-00 728 0295**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #