

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

0091204

DOCUMENT # N93000004510

1. Entity Name

CHRISTIAN LIFE WORSHIP CENTER, INCORPORATED

03-06-2001 90306 002 ****61.25

Principal Place of Business

1045 JOHN RODES BLVD
 MELBOURNE FL 32935
 US

Mailing Address

1150 SALINA STREET N.E.
 PALM BAY FL 32909

816899



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3202080

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CURTIS, MILFORD P
1150 SALINA STREET N.E.
PALM BAY FL 32909

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S**
PAYNE, CONNIE
 STREET ADDRESS **635 AMERICANA BLVD**
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE Change Addition
 NAME *Rev. Russell Summer*
 STREET ADDRESS *119 whitecrest Dr NW*
 CITY-ST-ZIP *Cleveland, Tenn. 37311*

TITLE Delete
 NAME **T**
PAYNE, DAVID
 STREET ADDRESS **635 AMERICANA BLVD**
 CITY-ST-ZIP **PALM BAY FL**

TITLE Change Addition
 NAME *Nell Summer*
 STREET ADDRESS *119 whitecrest Dr. NW.*
 CITY-ST-ZIP *Cleveland Summer 37311*

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T**
HARTMAN, JUDY
 STREET ADDRESS **3050 MICHIGAN ST**
 CITY-ST-ZIP **MELBOURNE FL 32904**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Signature of Don Lewis
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-2001 321-728-0295

Date

Daytime Phone #

CR2E037 (10/00)