

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004510

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3202080

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rev. Russell Sumner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 119 whitecrest Dr. NW Cleveland, Tenn. 37311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nell Sumner <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 119 whitecrest Dr. NW Cleveland Sumner 37311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

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

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

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DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)