

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000002621 (9)**

1. Corporation Name

**CITY OF LIFE INTERNATIONAL CHRISTIAN FELLOWSHIP,
INC.**



Principal Place of Business

Mailing Address

**8787 SOUTHSIDE BLVD.
APT. 1016
JACKSONVILLE FL 32256**

**8787 SOUTHSIDE BLVD.
APT. 1016
JACKSONVILLE FL 32256**

3. Date Incorporated or Qualified

06/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

593327001

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BING, ANITA K ESQ.
100 S. ASHLEY DR.
SUITE 2100
TAMPA FL 33602**

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)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **SEAGO, RODNEY H**
STREET ADDRESS **8787 SOUTHSIDE BLVD., #1016**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **DRUMMOND THOM**
1.3 STREET ADDRESS **8300 SHEPHERDSVILLE ROAD**
1.4 CITY-ST-ZIP **LOUISVILLE KENTUCKY 40219**

TITLE **D** ☐ DELETE
NAME **SEAGO, JANET D**
STREET ADDRESS **8787 SOUTHSIDE BLVD., #1016**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **CHARLOTTE THOM**
2.3 STREET ADDRESS **8300 SHEPHERDSVILLE ROAD**
2.4 CITY-ST-ZIP **LOUISVILLE KENTUCKY 40219**

TITLE **D** ☐ DELETE
NAME **GODWIN, RICHARD L**
STREET ADDRESS **14015 SAN PEDRO AVE.**
CITY-ST-ZIP **SAN ANTONIO TX 78232-4337**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. H. SEAGO

Date:

02/28/96

Daytime Phone #

(904) 363-3453

CR2E037 (12/95)