


FILE NOW: FILING FEE IS \$61.25

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90033 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # N95000002621

1. Corporation Name

CITY OF LIFE INTERNATIONAL CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business

6644 ARLINGTON ROAD
JACKSONVILLE FL 32211

Mailing Address

P.O. BOX 551702
JACKSONVILLE FL 32255



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6644-ARLINGTON RD		26		06/06/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 JACKSONVILLE FL		28		59-3327001	
24 32211		25 FL		5. Certificate of Status Desired	
29		30		8.75 Additional Fee Required	
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6644-ARLINGTON RD		26		06/06/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 JACKSONVILLE FL		28		59-3327001	
24 32211		25 FL		5. Certificate of Status Desired	
29		30		8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent

SEAGO, RODNEY H
14107 LITTLE FALLS COURT
JACKSONVILLE FL 32224

10. Name and Address of New Registered Agent

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	T	1.1 TITLE	
NAME	SEAGO, RODNEY H REV.	1.2 NAME	
STREET ADDRESS	14107 LITTLE FALLS COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	
NAME	SEAGO, JANET D	2.2 NAME	
STREET ADDRESS	14107 LITTLE FALLS COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32224	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	GODWIN, RICHARD L REV.	3.2 NAME	
STREET ADDRESS	14015 SAN PEDRO AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX 78232	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	THOM, DRUMMOND REV.	4.2 NAME	
STREET ADDRESS	8300 SHEPHEADSVILLE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	THOM, CHARLOTTE	5.2 NAME	
STREET ADDRESS	8300 SHEPHEADSVILLE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (11/98)