



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90001 038 ****61.25

| | | | | | |
|--|---|---|---|---|--|
| DOCUMENT # N95000002621 1. Entity Name CITY OF LIFE INTERNATIONAL CHRISTIAN FELLOWSHIP, INC. | | | |  | |
| Principal Place of Business 2143 BIRCH BARK DRIVE JACKSONVILLE, FL 32246 | | | Mailing Address 2143 BIRCH BARK DRIVE JACKSONVILLE, FL 32246 US | | |
| 2. Principal Place of Business 9861 ST. AUGUSTINE ROAD Suite, Apt. #, etc. | | 3. Mailing Address 9861 ST. AUGUSTINE ROAD Suite, Apt. #, etc. | |  | |
| City & State JACKSONVILLE FLORIDA Zip 32257 Country USA | | City & State JACKSONVILLE, FLORIDA Zip 32257 Country USA | | 4. FEI Number 59-3327001 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent SEAGO, RODNEY H 2143 BIRCH BARK DRIVE JACKSONVILLE, FL 32246 | | | | 7. Name and Address of New Registered Agent Name SEAGO, RODNEY H. Street Address (P.O. Box Number is Not Acceptable) 9861 ST AUGUSTINE ROAD City JACKSONVILLE FL Zip Code 32257 | |
| 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>RH Seago</i></u> (R.H. SEAGO - PRESIDENT) <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 8, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD SEAGO, RODNEY H REV. 2143 BIRCH BARK DR. JACKSONVILLE, FL 32246 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SEAGO, JANET D 2143 BIRCH BARK DR. JACKSONVILLE, FL 32246 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D THOM, DRUMMOND REV. 8300 SHEPHEADSVILLE RD. LOUISVILLE, KY | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>RH Seago</i></u> RODNEY H. SEAGO <u>7/28/06</u> <u>904-8242623</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |