

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004192

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: CHRISTIAN LIFE FOUNDATION MINISTRIES, INCORPORATED

**Current Principal Place of Business:**

9026 NW 20TH AVENUE  
MIAMI, FL 33147 US

**New Principal Place of Business:**

**Current Mailing Address:**

12340 W. GOLF DRIVE  
MIAMI, FL 331671845 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TERRY, JAMES L  
12340 WEST GOLF DRIVE  
MIAMI, FL 331671845 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TERRY, JAMES L  
Address: 12340 WEST GOLF DRIVE  
City-St-Zip: MIAMI, FL 33167

Title: D ( ) Delete  
Name: SCOTT, GENICE  
Address: 1010 SHARAR AVE  
City-St-Zip: OPA LOCKA, FL 33056

Title: S ( ) Delete  
Name: SLATER, SHENIKA  
Address: 17311 NW 34TH AVENUE  
City-St-Zip: CAROL CITY, FL 33056

Title: BMT ( ) Delete  
Name: COOLEY, EDNA  
Address: 1521 NW 56TH STREET  
City-St-Zip: MIAMI, FL 33142

Title: BMT ( ) Delete  
Name: JULMISTE, DOROTHY  
Address: 730 CURTIS DRIVE  
City-St-Zip: OPA LOCKA, FL 33054

Title: BMTT ( ) Delete  
Name: WALLACE, EDDIE  
Address: 1823 NW 67TH ST.  
City-St-Zip: MIAMI, FL 33147

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRY, JAMES L

PD

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date