

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 03 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N96000002433 (8)**

1. Corporation Name

CHRISTIAN LIFE FELLOWSHIP OF MIAMI/ CLF INC.



Principal Place of Business

Mailing Address

**3831 SW 87TH COURT
MIAMI FL 33165**

**3831 SW 87TH COURT
MIAMI FL 33165-5412**

3. Date Incorporated or Qualified
05/07/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 12295 SW 129 Ct.

26 1533 B So. Liberty Ave

4. FEI Number

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Miami, FL

28 Homestead, FL

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

Zip

Zip

Country

24 33186

25 Dade

29 33034

30 Dade

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

**RIOS, AL PASTOR
3831 SW 87TH COURT
MIAMI FL 33165**

81 Name

Rios, Al Pastor

82 Street Address (P.O. Box Number is Not Acceptable)

1533 B So. Liberty Ave

83

84 City

Homestead

FL

85 Zip Code

33034

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)

Pastor Al Rios

6/5/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|----------------|--|
| TITLE | Al Rios | <input checked="" type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | P/Director/Pastor | <input type="checkbox"/> DELETE |
| NAME | Al Rios | |
| STREET ADDRESS | 1533 B So. Liberty Ave | |
| CITY-ST-ZIP | Homestead, FL 33034 | |

| | |
|--------------------|---|
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | Director/Sec. | <input type="checkbox"/> DELETE |
| NAME | ESTER RIOS | |
| STREET ADDRESS | 1533 B So Liberty Ave | |
| CITY-ST-ZIP | Homestead FL 33034 | |

| | |
|--------------------|---|
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | Diakon | <input type="checkbox"/> DELETE |
| NAME | David Earwood | |
| STREET ADDRESS | 254 Bell Marsh Rd. | |
| CITY-ST-ZIP | York ME 03909 | |

| | |
|--------------------|---|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

| | | |
|----------------|--|---------------------------------|
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|---|
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)