Applied For

Not Applicable

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	N96000002433
DOCOMENT#	1490000002433

1. Corporation Name

CHRISTIAN LIFE FELLOWSHIP OF MIAMI/ CLF INC.

Princi	oal Place of Business
	SW 129 CT
MADIL	EL 33186

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2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

1533B S LIBERTY AVE HOMESTEAD FL 33034

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Jul 28, 1999 8:00 am Secretary of State

07-28-1999 90011 045 ****61.25



3. Date Incorporated or Qualifed

05/07/1996

65-067 1692

4. FEI Number

23 Zip Country Zip Country 6. Election Campaign Financing \$5	Zip Code ing its registered as registered
Zip Country Zip Country Agent Street Agent Street Agent Street Agent Street Address of New Registered Agent Street Address of New Regis	Zip Code ing its registered as registered
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 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 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. STREET ADDRESS 15. STREE	Zip Code ing its registered as registered
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and accurate and that my signature shall have the same legal effect as if made under oath; that I am an red to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in with all other like empowered. indicated on this annual report or supp officer or director of the corporation of Block 12 or Block 13 if changed, or pn

SIGNATURE: