

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90121 044 ****61.25

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1. Entity Name

CHRISTIAN LIFE FELLOWSHIP OF MIAMI/ CLF INC.



Principal Place of Business

10711 SW 216 STREET
112
MIAMI FL 33170
US

Mailing Address

PO BOX 343494
FLORIDA CITY FL 33034
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0671692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIOS, AL PASTOR
1720 SOUTH GOLDENEYE LANE
HOMESTEAD FL 33035

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PDP
NAME RIOS, AL ☐ Delete
STREET ADDRESS 1720 S GOLDENEYE LANE
CITY-ST-ZIP HOMESTEAD FL 33035

TITLE D
NAME SATRAPE, RON ☐ Delete
STREET ADDRESS 19 KENNEDY RD
CITY-ST-ZIP TEWKSBURY MA 01876

TITLE D
NAME EARWOOD, DAVID ☒ Delete
STREET ADDRESS 254 BELL MARSH RD
CITY-ST-ZIP YORK ME

TITLE D
NAME VICKERS, STEVE ☐ Delete
STREET ADDRESS 6354 EASTWOOD GLEN PL
CITY-ST-ZIP MONTGOMERY AL 36117

TITLE VP
NAME ESTER RIOS ☐ Delete
STREET ADDRESS 1720 S Goldeneye Lane
CITY-ST-ZIP Homestead FL 33035

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #