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Mar 23, 1999 8:00 am
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03-23-1999 90068 039 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000003789

1. Corporation Name
CHRISTIAN LIFE WORLD OF ALACHUA COUNTY, INC.

Principal Place of Business: 4509 NW 23RD AVENUE STE 15 GAINESVILLE FL 32606
 Mailing Address: 4509 NW 23RD AVENUE STE 15 GAINESVILLE FL 32606



21	2. Principal Place of Business 9513 NW 39TH Ave	26	2a. Mailing Address 9513 NW 39TH Ave	3.	Date Incorporated or Qualified 07/17/1996
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number 59-3427245
23	City & State Gainesville, FL	28	City & State Gainesville, FL	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 32606	29	Zip 32606	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country USA	30	Country USA		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROBERTS, ROBIN 12005 SW 88TH AVE GAINESVILLE FL 32608		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEACHAM, BARRY	1.2 NAME	Williams, C. Patton
STREET ADDRESS	25512 SW 66TH AVENUE	1.3 STREET ADDRESS	P.O. Box 966
CITY-ST-ZIP	NEWBERRY FL 32669	1.4 CITY-ST-ZIP	Deale, FL 32478
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, SANDY	2.2 NAME	
STREET ADDRESS	4709 NW 234TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBERRY FL 32669	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, ROBIN	3.2 NAME	
STREET ADDRESS	12004 SW ARCHER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32608	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: X Roberts, Robin SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037-(11/98)