

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90466 029 ****61.25

DOCUMENT # N96000003789

1. Entity Name

CHRISTIAN LIFE WORLD OF ALACHUA COUNTY, INC.

Principal Place of Business

Mailing Address

9513 N.W. 39TH AVENUE
 GAINESVILLE FL 32606
 US

9513 N.W. 39TH AVENUE
 GAINESVILLE FL 32606
 US

UUUJUL04



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12000 SW Archer Road

12005 SW 88 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Gainesville, FL

City & State
Gainesville, FL

4. FEI Number

59-3427245

Applied For

Not Applicable

Zip
32608

Country
US

Zip
32608

Country
US

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

ROBERTS, ROBIN
12005 SW 88TH AVE
GAINESVILLE FL 32608

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.

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**

9. Election Campaign Financing
 Trust Fund Contribution.

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	WILLIAMS, C. PATTON	P.O. BOX 966	OCALA FL 34478	<input type="checkbox"/>
D	MARTIN, SANDY	4709 NW 234TH STREET	NEWBERRY FL 32669	<input checked="" type="checkbox"/>
D	ROBERTS, ROBIN	12004 SW ARCHER ROAD	GAINESVILLE FL 32608	<input type="checkbox"/>
	<i>Boyd, Steve</i>	<i>Rt. 1 Box 594</i>	<i>Branford FL 32008</i>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	<i>Boyd, Steve</i>	<i>Rt. 1 Box 594</i>	<i>Branford, FL 32008</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Robin Roberts* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/01

Date

352-246-0180

Daytime Phone #

CR2E037 (10/00)