

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003789

FILED
Apr 10, 2007
Secretary of State

Entity Name: CHRISTIAN LIFE WORLD OF ALACHUA COUNTY, INC.

Current Principal Place of Business:

12000 SW ARCHER ROAD
GAINESVILLE, FL 32608 US

New Principal Place of Business:

Current Mailing Address:

12000 SW ARCHER ROAD
GAINESVILLE, FL 32608 US

New Mailing Address:

FEI Number: 59-3427245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, ROBIN P REV.
12005 SW 88TH AVE
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WILLIAMS, C. PATTON REV.
Address: P.O. BOX 966
City-St-Zip: OCALA, FL 34478

Title: D () Delete
Name: BOYD, STEVE REV.
Address: RT. 1 BOX 594
City-St-Zip: BRANFORD, FL 32008

Title: P () Delete
Name: ROBERTS, ROBIN P REV.
Address: 12005 SW 88TH AVE.
City-St-Zip: GAINESVILLE, FL 32608

Title: S () Delete
Name: ROBERTS, DEBORAH W MRS
Address: 12005 SW 88TH AVE.
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBIN P. ROBERTS

P

04/10/2007

Electronic Signature of Signing Officer or Director

_____ Date