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May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005766 (7)
1. Corporation Name
CHRISTIAN LIFE MISSION OF BROWARD, INC.



Principal Place of Business Mailing Address
9000 W. SHERIDAN ST., STE. 113 PEMBROKE PINES FL 33024
9000 W. SHERIDAN ST., STE. 113 PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified
10/10/1997
4. FEI Number
65-0907403
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 9900 SHERIDAN 26 9900 SHERIDAN
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 APT # 209 27 APT # 209
City & State City & State
23 PEMBROKE PINES, FLA 28 PEMBROKE PINES, FLA
Zip Country Zip Country
24 33024 25 BROWARD 29 33024 30 BROWARD

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
RIVERA, JOSE A
3660 N. 56 AVE., #615
HOLLYWOOD FL

10. Name and Address of New Registered Agent
81 Name
LOUIS F. CAST
82 Street Address (P.O. Box Number is Not Acceptable)
10311 SW 56 STREET
83
84 City MIAMI FL 85 Zip Code 33165

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 _____ DATE 04-25-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	JOSE A. RIVERA <input type="checkbox"/> DELETE
NAME	JOSE A. RIVERA
STREET ADDRESS	9000 SHERIDAN ST. STE 113
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	T.V.P. & D. <input type="checkbox"/> DELETE
NAME	CLARA M. RIVERA
STREET ADDRESS	9000 SHERIDAN ST. STE 113
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	D. <input type="checkbox"/> DELETE
NAME	LUIS LOZANO
STREET ADDRESS	1011 SW 99 COURT
CITY-ST-ZIP	MIAMI-FL 33165
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P.S. & D. JOSE A. RIVERA
1.3 STREET ADDRESS	9000 SHERIDAN STE. 113
1.4 CITY-ST-ZIP	PEMBROKE PINES FL 33024
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T.V.P. & D. CLARA M. RIVERA
2.3 STREET ADDRESS	9000 SHERIDAN STE 113
2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33024
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D. LUIS LOZANO
3.3 STREET ADDRESS	1011 SW 99 COURT
3.4 CITY-ST-ZIP	MIAMI-FL 33165
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE _____ DATE 04-25-98

CR2E037 (10/97)