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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

10. Name and Address of New Registered Agent

RIVERA, JOSE A
3660 N. 56 AVE., #615
HOLLYWOOD FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature] LOUIS F. CAST 04-25-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME JOSE A. RIVERA
STREET ADDRESS 9000 SHERIDAN ST. STE 113
CITY-ST-ZIP PEMBROKE PINES, FL 33024

1.1 TITLE Change Addition
1.2 NAME P.S. & D.
1.3 STREET ADDRESS JOSE A. RIVERA
1.4 CITY-ST-ZIP 9000 SHERIDAN STE. 113
PEMBROKE PINES FL 33024

TITLE DELETE
NAME T. V.P. & D.
GLARA M. RIVERA
STREET ADDRESS 9000 SHERIDAN ST. STE 113
CITY-ST-ZIP PEMBROKE PINES, FL 33024

2.1 TITLE Change Addition
2.2 NAME T. V.P. & D.
2.3 STREET ADDRESS GLARA M. RIVERA
2.4 CITY-ST-ZIP 9000 SHERIDAN STE 113
PEMBROKE PINES FL 33024

TITLE DELETE
NAME D.
LUIS LOZANO
STREET ADDRESS 1011 SW 99 COURT
CITY-ST-ZIP MIAMI-FL 33165

3.1 TITLE Change Addition
3.2 NAME D.
3.3 STREET ADDRESS LUIS LOZANO
3.4 CITY-ST-ZIP 1011 SW 99 COURT
MIAMI-FL 33165

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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:

[Signature] 04-25-98 / 1000 / 1000 / 1000

CR2E037 (10/97)