

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004214

1. Entity Name

THE CHRIST LIFE CENTER OF NORTHWEST FLORIDA, INC

Principal Place of Business

172 THURSTON PLACE
CRESTVIEW FL 32536

Mailing Address

172 THURSTON PLACE
CRESTVIEW FL 32536

2. Principal Place of Business

401 SW Fourth St.
Suite, Apt. #, etc.

3. Mailing Address

1065 NW 102 St.
Suite, Apt. #, etc.

City & State

Okeechobee FL

City & State

Okeechobee FL

Zip

34974

Country

USA

Zip

34972

Country

USA

4. FEI Number

59-3543709

Applied For

☒ Not Applicable

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

HUCKABES, RAYMOND D
172 THURSTON PLACE
CRESTVIEW FL 32536

Name

Raymond D. Huckabee

Street Address (P.O. Box Number is Not Acceptable)

1065 NW 102 Street

City

Okeechobee

FL

Zip Code

34972

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]

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

(NOTE: Registered Agent signature required when reinstating)

9/19/01

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	PD PLOTT, JOE 701 AVENUE DR MARY ESTHER FL 32569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOM, ELAINE 329 PANAMA DR. CRESTVIEW FL 32536	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUCKABEE, RANDY 172 THURSTON PL. CRESTVIEW FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDA, WILLIAMS 1407 RED OAK DRIVE CRESTVIEW FL 32536	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Carlene Huckabee 1065 NW 102 St. Okeechobee FL 34972	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member James Garner 13140 NE 4th Terrace Okeechobee, FL 34972	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JO1000000246 -09/28/01--01035--002 *****61.25 *****61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

[Signature]

9/19/01 863

APPROVED
AND
FILED

01 SEP 25 PM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0018198

CR2E037 (10/00)