2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004214

1. Entity Name
THE CHRIST LIFE CENTER OF NORTHWEST FLORIDA, INC.

FILED
03 JUN 30 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
401 SW 4TH STREET OKEECHOBEE, FL 34974	1065 NW 102 STREET OKEECHOBEE, FL 34972

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
605 W. South Park St.	401 SW 4th Street
Suite, Apt. #, etc.: Suite 211	Suite, Apt. #, etc.
City & State: Okeechobee, FL	City & State: Okeechobee FL
Zip: 34974 Country: USA	Zip: 34974 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 ~~1065 NW 102 STREET~~ OKEECHOBEE, FL ~~34972~~	Name Street Address (P.O. Box Number is Not Acceptable): 1265 SE 23rd St. City: Okeechobee FL Zip Code: 34974

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] June 29, 2003
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 Florida 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	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Member Sylvia Bandi 705 SW 10th Ave Okeechobee, FL 34974
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUCKABEE, CARLENE 1065 NW 102 STREET OKEECHOBEE, FL 34972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1265 SE 23rd Street Okeechobee, FL 34974
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HUCKABEE, RANDY 172 THURSTON PL. CRESTVIEW, FL 32536	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1265 SE 23rd Street Okeechobee, FL 34974
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDA, WILLIAMS 1407 RED OAK DRIVE CRESTVIEW, FL 32636	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition Secretary Beverly Shurley 933 NW 3rd St Okeechobee, FL 34972
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M GARNER, JAMES 13140 NE 4TH TERRACE OKEECHOBEE, FL 34972	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900021199409 06/30/03--01076--020 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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] June 26, 2003 863 634-2510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #