

**FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC -7 PM 3:48

DOCUMENT # **N98000004479**  
1. Corporation Name **ANTIOCH CHRISTIAN LIFE CENTER, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**833 S. PARSONS DELAND, FLORIDA 32720**  
**P.O. BOX 2479 DELAND, FLORIDA 32721- 2478**

*[Handwritten initials]*

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**-12/14/99--01086--001**

|                                |                         |  |
|--------------------------------|-------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address     | 3. Date Incorporated or <del>70.00</del> <b>70.00</b> *****70.00   |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 4. FEI Number <b>59-3529908</b>  |
| 22. City & State               | 27. City & State        | Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>                            |
| 23. Zip                        | 28. Zip                 | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |
| 24. Country                    | 30. Country             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent                                      | 10. Name and Address of New Registered Agent           |
| <b>STEPHAN R. TYLER SR.</b><br><b>833 S. PARSONS</b><br><b>DELAND, FLORIDA 32720</b> | 81. Name   |
|  | 82. Street Address (P.O. Box Number is Not Acceptable) |
|  | 83.  |
|  | 84. City <b>FL</b> 85. Zip Code                        |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | President <input type="checkbox"/> DELETE             | 1.1 TITLE   | Director <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Stephan R. Tyler Sr.                                  | 1.2 NAME  | Deacon Wendell Gibson Sr.  |
| STREET ADDRESS             | 833 S Parsons   | 1.3 STREET ADDRESS                                    | 410 S. Easy St   |
| CITY-ST-ZIP                | DeLand, Florida 32720                                 | 1.4 CITY-ST-ZIP                                       | DeLand, Florida 32720  |
| TITLE                      | Chairman of the Board <input type="checkbox"/> DELETE | 2.1 TITLE   | Director <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Deacon Kendrick Rollins                               | 2.2 NAME  | Robert Monroe Sr.  |
| STREET ADDRESS             | 209 W. Division St.                                   | 2.3 STREET ADDRESS                                    | 922 Marlboro Dr.   |
| CITY-ST-ZIP                | DeLand, Florida 32720                                 | 2.4 CITY-ST-ZIP                                       | DeLand, Florida 32720  |
| TITLE                      | Secretary <input type="checkbox"/> DELETE             | 3.1 TITLE   | Director <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Virginia Myrie  | 3.2 NAME  | Chevral Myrie  |
| STREET ADDRESS             | 700 E. Voorhis Ave                                    | 3.3 STREET ADDRESS                                    | 700 E Voorhis Ave.   |
| CITY-ST-ZIP                | DeLand, Florida 32720                                 | 3.4 CITY-ST-ZIP                                       | DeLand, Florida 32720  |
| TITLE                      | Treasurer <input type="checkbox"/> DELETE             | 4.1 TITLE   | Director <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Deacon Errick Young                                   | 4.2 NAME  | Teri Burnell   |
| STREET ADDRESS             | 977 Hugo Circle                                       | 4.3 STREET ADDRESS                                    | 3378 Whispering Pines Tr.  |
| CITY-ST-ZIP                | Deltona, Florida 32738                                | 4.4 CITY-ST-ZIP                                       | DeLand, Florida 32724  |
| TITLE                      | Director <input type="checkbox"/> DELETE              | 5.1 TITLE   | Director <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Joyce Carter  | 5.2 NAME  | Evangelist Connie J. Smith   |
| STREET ADDRESS             | 412 S. Salisbury                                      | 5.3 STREET ADDRESS                                    | 525 W. Voorhis Ave.  |
| CITY-ST-ZIP                | DeLand, Florida 32720                                 | 5.4 CITY-ST-ZIP                                       | DeLand, Florida 32720  |
| TITLE                      | Director <input type="checkbox"/> DELETE              | 6.1 TITLE   | Director <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Calvin Davis  | 6.2 NAME  | Minister Robert Lakes  |
| STREET ADDRESS             | 220 W. Howry Apt #2                                   | 6.3 STREET ADDRESS                                    | 500 W. Airport Blvd. # 1316  |
| CITY-ST-ZIP                | DeLand, Florida 32720                                 | 6.4 CITY-ST-ZIP                                       | DeLand, Florida 32773  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. 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, with all other like empowered.

SIGNATURE: Stephan R. Tyler Sr. Date: 12/14/99 Daytime Phone #: (904) 756-4183

CR2E037 (11/98)