

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004479

1. Entity Name

ANTIOCH CHRISTIAN LIFE CENTER, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90007 048 ****70.00

Principal Place of Business 833 S. PARSONS DELAND FL 32720	Mailing Address P.O. BOX 2478 DELAND FL 32721-2478
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-3529908	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TYLER, STEPHAN R SR.
 833 S. PARSONS
 DELAND FL 32720

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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, 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	TYLER, STEPHAN R SR.	
STREET ADDRESS	833 S. PARSONS AVE.	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	T	<input type="checkbox"/> Delete
NAME	YOUNG, ERRICK DEACON	
STREET ADDRESS	977 HUGO CIRCLE	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	COB	<input type="checkbox"/> Delete
NAME	ROLLINS, KENDRICK DEACON	
STREET ADDRESS	209 W. DIVISION ST.	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	Director	<input type="checkbox"/> Delete
NAME	CARTER, JOYCE	
STREET ADDRESS	412 S. SALISBURY	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	Director	<input type="checkbox"/> Delete
NAME	DAVIS, CALVIN	
STREET ADDRESS	220 W. HOWEY, APT. 2	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	Director	<input type="checkbox"/> Delete
NAME	MONROE, ROBERT SR.	
STREET ADDRESS	922 MALBORO DR.	
CITY-ST-ZIP	DELAND FL 32720	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terrie Burnell	
STREET ADDRESS	3378 Whispering Pines Tr.	
CITY-ST-ZIP	DeLand, Florida 32724	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lakes, Robert	
STREET ADDRESS	500 W. Airport Blvd. Apt# 1318	
CITY-ST-ZIP	Sanford, Florida 32733	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Smith, Connie J.	
STREET ADDRESS	525 W. Voorhis Ave.	
CITY-ST-ZIP	DeLand, Florida 32720	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Myrie, Virginia	
STREET ADDRESS	700 E. Voorhis Avenue	
CITY-ST-ZIP	DeLand, Florida 32720	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Myrie, Cheval	
STREET ADDRESS	700 E. Voorhis Avenue	
CITY-ST-ZIP	DeLand, Florida 32720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Stephan R. Tyler, Sr. 19 Apr 00 (904) 736-4183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)