

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90276 025 ****70.00

0022602

DOCUMENT # N98000004479

1. Entity Name

ANTIOCH CHRISTIAN LIFE CENTER, INC.

Principal Place of Business

Mailing Address

**833 S. PARSONS
 DELAND FL 32720**

**P.O. BOX 2478
 DELAND FL 32721-2478**

00051476



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

803 S. Woodland Blvd.

Suite, Apt. #, etc.

City & State
DeLand, Florida

City & State

4. FEI Number **59-3529908**

Applied For
 Not Applicable

Zip
32720

Country
Volusia

Zip

Country

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

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

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 Tyler, Stephan R. Sr.

4/19/01
 DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TYLER, STEPHAN R SR. 833 S. PARSONS AVE. DELAND FL 32720	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Teri Burnell 3378 Whispering Pines Trail DeLand, Florida 32724
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete T YOUNG, ERRICK DEACON 977 HUGO CIRCLE DELTONA FL 32738	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert Lakes 2996 Gimley Drive Deltona, Florida 32728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete COB ROLLINS, KENDRICK DEACON 209 W. DIVISION ST. DELAND FL 32720	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Virginia Myrie 700 East Voorhis Avenue DeLand, Florida 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D CARTER, JOYCE 412 S. SALISBURY DELAND FL 32720	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Connie Joan Smith 525 West Voorhis Avenue DeLand, Florida
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D DAVIS, CALVIN 220 W. HOWEY, APT. 2 DELAND FL 32720	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D MONROE, ROBERT SR. 922 MALBORO DR. DELAND FL 32720	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:

Stephan R. Tyler Sr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephan R. Tyler Sr. 4/19/01 386 736 4183

Date Daytime Phone #

CR2E037 (10/00)