

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

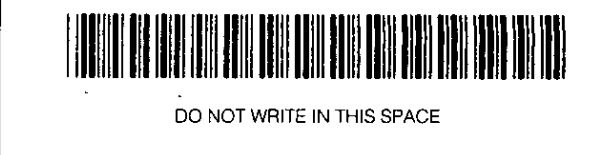
02-20-2002 90142 039 \*\*\*\*70.00

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

Principal Place of Business <b>83 S WOODLAND BLVD.          DELAND FL 32720</b>	Mailing Address <b>P.O. BOX 2478          DELAND FL 32721-2478</b>
--	---

Principal Place of Business <b>235 S Woodland Blvd.</b>	3. Mailing Address <b>same as above</b>
Suite, Apt. #, etc. <b>Suite # 105</b>	Suite, Apt. #, etc.

City & State <b>DeLand, Florida</b>	City & State	4. FEI Number <b>59-3529908</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32720</b>	Country <b>USA</b>	Zip	Country



**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

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
---------------------------------	--	------------------------------------	--

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TYLER, STEPHAN R SR.</b> <b>833 S. PARSONS AVE.</b> <b>DELAND FL 32720</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>YOUNG, ERRICK DEACON</b> <b>977 HUGO CIRCLE</b> <b>DELTONA FL 32738</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COB</b> <b>ROLLINS, KENDRICK DEACON</b> <b>209 W. DIVISION ST.</b> <b>DELAND FL 32720</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BURNELL, TERI</b> <b>3378 WHISPERING PINES TRAIL</b> <b>DELAND FL 32724</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIS, CALVIN</b> <b>220 W. HOWEY, APT. 2</b> <b>DELAND FL 32720</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAKES, ROBERT</b> <b>2996 GIMLEY DRIVE</b> <b>DELTONA FL 32738</b>	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Virginia Myrie</b> <b>700 East Voorhis Avenue</b> <b>DeLand, Florida 32720</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Connie J. Smith</b> <b>525 W. Voorhis Avenue</b> <b>DeLand, Florida 32720</b>	<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		<input type="checkbox"/> Change <input 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **STEPHAN R. TYLER** Date: **2/18/02** Daytime Phone #: **386.786.4183**

CR2E037 (9/01)