


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000004479 1. Entity Name ANTIOCH CHRISTIAN LIFE CENTER, INC.	
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1st MOORE CR2E037 (10/04)

Principal Place of Business 235 S. WOODLAND BLVD. SUITE 105 DELAND FL 32720	Mailing Address P.O. BOX 2478 DELAND FL 32721-2478
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number 59-3529908	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

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	D <input type="checkbox"/> Delete
NAME	MYRIE, VIRGINIA
STREET ADDRESS	700 EAST VOORHIS AVENUE
CITY-ST-ZIP	DELAND FL 32720
TITLE	D <input type="checkbox"/> Delete
NAME	DAVIS, CALVIN
STREET ADDRESS	220 W. HOWEY, APT. 2
CITY-ST-ZIP	DELAND FL 32720
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000337251
04/27/05-80161-011 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Stephan R. Tyler</i>	18 Feb 05	586.736.41
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>