


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90203 038 ****70.00

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



Principal Place of Business Mailing Address
 235 S. WOODLAND BLVD. P.O. BOX 2478
 SUITE 105 DELAND FL 32721-2478
 DELAND FL 32720



2. Principal Place of Business 3. Mailing Address
3100 E. New York Ave. *Same*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State
Deland, Florida *Same*
 Zip Country
32724-6497 *USA*

4. FEI Number Applied For
59-3529908 Not Applicable
 5. Certificate of Status Desired \$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TYLER, STEPHAN R SR. 833 S. PARSONS AVE. DELAND FL 32720 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YOUNG, ERRICK DEACON 977 HUGO CIRCLE DELTONA FL 32738 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB ROLLINS, KENDRICK DEACON 209 W. DIVISION ST. DELAND FL 32720 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYRIE, VIRGINIA 700 EAST VOORHIS AVENUE DELAND FL 32720 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, CALVIN 220 W. HOWEY, APT. 2 DELAND FL 32720 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See Part 10</i> TYLER, STEPHAN R, SR 833 S. PARSONS AVE Deland, FL 32724 <input checked="" type="checkbox"/> Change Address <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>See Part 10</i> Calvin Davis 220 W. Howey Pl. APT. 2 Deland, Florida 32724 <input checked="" type="checkbox"/> Change Address <input type="checkbox"/> Addition
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 exemptions contained in Section 119, 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* *5 May 06* *386.436.4183*