

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

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1. Entity Name

ANTIOCH CHRISTIAN LIFE CENTER, INC.



Principal Place of Business

235 S. WOODLAND BLVD.
SUITE 105
DELAND FL 32720

Mailing Address

P.O. BOX 2478
DELAND FL 32721-2478



2. Principal Place of Business

3100 E. New York Ave.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

Deland, Florida

City & State

Deland, FL

4. FEI Number

59-3529908

Applied For

Not Applicable

Zip

32724-6447

Country

USA

Zip

Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

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 P
NAME TYLER, STEPHAN R SR.
STREET ADDRESS 833 S. PARSONS AVE.
CITY-ST-ZIP DELAND FL 32720 ☐ Delete

TITLE T
NAME YOUNG, ERRICK DEACON
STREET ADDRESS 977 HUGO CIRCLE
CITY-ST-ZIP DELTONA FL 32738 ☐ Delete

TITLE COB
NAME ROLLINS, KENDRICK DEACON
STREET ADDRESS 209 W. DIVISION ST.
CITY-ST-ZIP DELAND FL 32720 ☐ Delete

TITLE D
NAME MYRIE, VIRGINIA
STREET ADDRESS 700 EAST VOORHIS AVENUE
CITY-ST-ZIP DELAND FL 32720 ☐ Delete

TITLE D
NAME DAVIS, CALVIN
STREET ADDRESS 220 W. HOWEY, APT. 2
CITY-ST-ZIP DELAND FL 32720 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME *Mr. Pastor*
STREET ADDRESS *1412, Stephan R. Sr*
CITY-ST-ZIP *833 S. Parsons Ave, Deland, FL 32724*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME *Calvin Davis*
STREET ADDRESS *604 Watson Pl. AVE, Apt 1315*
CITY-ST-ZIP *Deland, Florida 32724*

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 Mar 06

Date

386.436.4183

Daytime Phone #