2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 23, 2003 8:00 am Secretary of State DOCUMENT # N98000004479 04-23-2003 90073 018 ****70.00 ANTIOCH CHRISTIAN LIFE CENTER, INC. Principal Place of Business Mailing Address 235 S. WOODLAND BLVD. P.O. BOX 2478 11007683 **DELAND FL 32721-2478** SUITE 105 DELAND FL 32720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3529908 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -≈7.5 Name and Address of New Registered Agent TYLER, STEPHAN R SR. Street Address (P.O. Box Number is Not Acceptable) 833 S. PARSONS **DELAND FL 32720** City 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 reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11, TITLE ☐ Delete TITLE ☐ Change Addition NAME TYLER, STEPHAN R SR. NAME STREET ADDRESS 833 S. PARSONS AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 Addition A TITLE ☐ Delete TITLE ☐ Channe YOUNG, ERRICK DEACON NAME NAME STREET ADDRESS 977 HUGO CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL 32738** TITLE ☐ Delete TITLE ☐ Change ☐ Addition ROLLINS, KENDRICK DEACON NAME NAME STREET ADDRESS STREET ADDRESS 209 W. DIVISION ST. CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 ☐ Delete TITLE ☐ Addition TITLE ☐ Channe MYRIE, VIRGINIA NAME NAME STREET ADDRESS 700 EAST VOORHIS AVENUE STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP DELAND FL 32720 ☐ Delete TITLE TITLE ☐ Change ☐ Addition DAVIS, CALVIN NAME NAME STREET ADDRESS 220 W. HOWEY, APT. 2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELAND FL 32720 ☐ Change Addition TITLE D ☐ Delete TITLE LAKES, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 2996 GIMLEY DRIVE CITY-ST-ZIP CITY-ST-7IP **DELTONA FL 32738**

FILED

S86. 156.4183 SIGNATURE:

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 acquirate 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.