


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 23, 1999 8:00 am
Secretary of State

09-23-1999 90010 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005004

1. Corporation Name
CHRISTIAN LIFE WORSHIP CENTER OF TAMPA BAY, INC.

Principal Place of Business 340 TAVERNIER DR OLDSMAR FL 34677	Mailing Address 340 TAVERNIER DR OLDSMAR FL 34677
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/28/1998
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3530029
23 City & State	27 City & State	Applied For Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MOORE, JAMES M REV. 340 TAVERNIER DR OLDSMAR FL 34677		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KILBRIDE, JACK	1.2 NAME	WAHRENDORF, JAMES
STREET ADDRESS	6525 SEAFARER DR	1.3 STREET ADDRESS	3685 MONTCLAIR DRIVE
CITY-ST-ZIP	TAMPA FL 33615	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, LINDA	2.2 NAME	LEE, SUSAN
STREET ADDRESS	1487 MARJOHN AVE	2.3 STREET ADDRESS	1540 LEMON STREET
CITY-ST-ZIP	CLEARWATER FL 33756	2.4 CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CODER, BOB	3.2 NAME	
STREET ADDRESS	24698 US 19 N, #610	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 33763	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, MIKE	4.2 NAME	
STREET ADDRESS	340 TAVERNIER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, BARRY	5.2 NAME	
STREET ADDRESS	2524 OLD VILLAGE WY	5.3 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL 34677	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAJAK, DAWID	6.2 NAME	
STREET ADDRESS	3284 TARPON WOODS BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34685	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment, with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED **9/17/99** **722-799-7875**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0000145

CR2E037 (5/99)