

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90107 023 ****61.25

DOCUMENT # N98000005004

1. Entity Name

CHRISTIAN LIFE WORSHIP CENTER OF TAMPA BAY, INC.

Principal Place of Business

Mailing Address

340 TAVERNIER DR
 OLDSMAR FL 34677

340 TAVERNIER DR
 OLDSMAR FL 34677-4625

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

59-3530029

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, JAMES M REV.
340 TAVERNIER DR
OLDSMAR FL 34677

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	KILBRIDE, JACK	
STREET ADDRESS	8525 SEAFARER DR	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	D	<input type="checkbox"/> Delete
NAME	WAHRENDORF, JAMES	
STREET ADDRESS	3685 MONTCLAIR DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input type="checkbox"/> Delete
NAME	CODER, BOB	
STREET ADDRESS	24698 US 19 N, #610	
CITY-ST-ZIP	CLEARWATER FL 33763	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, MIKE	
STREET ADDRESS	340 TAVERNIER DR	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, BARRY	
STREET ADDRESS	2524 OLD VILLAGE WY	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZAJAK, DAWID	
STREET ADDRESS	3284 TARPON WOODS BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34685	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILBRIDE, JACK	
STREET ADDRESS	5612 MACALLAN DR.	
CITY-ST-ZIP	TAMPA, FL 33625	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rollow Tom	
STREET ADDRESS	1526 WOODSTREAM DR.	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CODER BOB	
STREET ADDRESS	2417 PERSIAN DR. #25	
CITY-ST-ZIP	CLEARWATER, FL 33763	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, SUSAN	
STREET ADDRESS	1540 LEMON ST.	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, BARRY	
STREET ADDRESS	598 BUCKINGHAM AVE. WEST	
CITY-ST-ZIP	OLDSMAR, FL 34677	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAJAC, DAWID	
STREET ADDRESS	3856 BELL WATER BLVD.	
CITY-ST-ZIP	RIVERVIEW, FL 33569	

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 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 title empowered.

SIGNATURE:

James M Moore
 MOORE, JAMES M REV.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/12/00 727-799-7875
 Date Daytime Phone #

CR2E037 (9/99)