FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Morti am

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051609 (1)

CHRISTIAN LIFE EDUCATION FOUNDATION, INC.

Principal Place of Business Mailing Address 309 4TH STREET 309 4TH STREET ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 Po Box 50313 59-3393524 Suite, Apl. #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Jacksonville Beach, F 23 Trust Fund Contribution Added to Fees Country Zip <u>ૹૹઌઌ</u> ઽઌ 8. This corporation owes or has paid the current year Intangible USA 24 Yes 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PATTERSON, LAWRENCE R 3010 SOUTH THIRD STREET Street Address (P.O. Box Number is Not Acceptable) SUITE A **B3** JACKSONVILLE FL 32250 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent alguature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE KNOUSE, LUCY A PO BOX 50313 NA NAME 1.2 NAME P O BOX 48194 N/A STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL 33743-8194 CITY-ST-ZIP 1.4 CITY-ST-ZIP Jacksonville Booch DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-7IP 2 4 CITY-ST-ZIP TITLE Addition DELETE Change 3.1 TITLE

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14. I hereby certify that the information supplied with this filing does not qualify for the elemption 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 execut this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

DELETE

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SIGNATURE: Sury Amount

Lucy AK

3/13/98

904-247-1723

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Mar 19 1998 8:00am

Secretary of State

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