## 2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N02000002236

Entity Name: CHRISTIAN LIFE CHURCH, A WORSHIP & MINISTRY CENTER,

**Current Principal Place of Business:** 

2750 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744

**Current Mailing Address:** 

PO BOX 453312

KISSIMMEE, FL 34745

FEI Number: 02-0613901 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHRISTIAN LIFE CHURCH, A WORSHIP & MINISTRY CENTER, INC 2750 PARTIN SETTLEMENT ROAD KISSIMMEE, FL 34744 US

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: SCOTT FRISBIE 08/16/2016

Electronic Signature of Registered Agent

Date

**FILED** 

Aug 16, 2016

**Secretary of State** CC3334127714

Officer/Director Detail:

**SECRETARY** Title Title **TREASURER** OLSHESKE, STEVEN Name Name ADKINS, CAROL

2750 PARTIN SETTLEMENT ROAD Address Address 2750 PARTIN SETTLEMENT ROAD

City-State-Zip: KISSIMMEE FL 34744 City-State-Zip: KISSIMMEE FL 34744

Title **TRUSTEE** Title **TRUSTEE** 

NARBONNE, JEREMY Name MEDVED, STEVEN Name

2750 PARTIN SETTLEMENT ROAD Address 2750 PARTIN SETTLEMENT ROAD Address

City-State-Zip: KISSIMMEE FL 34744 KISSIMMEE FL 34744 City-State-Zip:

Title **TRUSTEE** Title TRUSTEE

Name LUNA, ADOLFO Name JOHNSON, LINDA

2750 PARTIN SETTLEMENT ROAD Address Address 2750 PARTIN SETTLEMENT ROAD

City-State-Zip: KISSIMMEE FL 34744 City-State-Zip: KISSIMMEE FL 34744

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN OLSHESKE

**SECRETARY** 

08/16/2016