

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002236

Entity Name: CHRISTIAN LIFE CHURCH, A WORSHIP & MINISTRY CENTER, INC.**FILED**
Jan 13, 2014
Secretary of State
CC0762845142**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:**GOOLSBY, CLARA
3563 STAR SHOWER COURT
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	TRUSTEE	Title	TRUSTEE/SECRETARY
Name	GOOLSBY, CLARA	Name	OLSHESKE, STEVEN
Address	3563 STAR SHOWER CT	Address	1562 OAK LEAF LN
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	KISSIMMEE FL 34744
Title	TRUSTEE	Title	PRESIDENT
Name	NARBONNE, JEREMY	Name	FRISBIE, SCOTT
Address	1562 OAK LEAF LN	Address	2121 BRIARCLIFF CR
City-State-Zip:	KISSIMMEE FL 34744	City-State-Zip:	MT DORA FL 32757
Title	TREASURER		
Name	JONES, JAMES L SR.		
Address	5718 PARKVIEW POINT DR		
City-State-Zip:	ORLANDO FL 32821		

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: JAMES L. JONES, SR.**TREASURER****01/13/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date