

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002787

**FILED**  
**Mar 27, 2014**  
**Secretary of State**  
**CC1714599631**

**Entity Name:** CHRISTIAN LIFE MISSION OF BROWARD, INC.

**Current Principal Place of Business:**

7100 PINES BLVD  
SUITE 15  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

7100 PINES BLVD  
SUITE 15  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 61-1592924

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANCHEZ, ROBERTO  
10130 SW 154TH CIRCLE COURT  
UNIT 101  
MIAMI, FL 33196 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 P  
Name SANCHEZ, ROBERTO  
Address 10130 SW 154TH CIRCLE COURT  
UNIT 101  
City-State-Zip: MIAMI FL 33196

Title VP  
Name SANCHEZ, BRICEIDA  
Address 10130 SW 154TH CIRCLE COURT  
UNIT 101  
City-State-Zip: MIAMI FL 33196

Title D  
Name BARLOCK, DAVID  
Address 6845 WOLF RUN ROAD SE  
City-State-Zip: DENNISON OH 44621

Title D  
Name ACOSTA, JAVIER  
Address 15311 SW 177TH TERRACE  
City-State-Zip: MIAMI FL 33187

Title S  
Name PAGAN, IVETTE  
Address 10940 NW 18TH COURT  
City-State-Zip: PLANTATION FL 33322

*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:** ROBERTO SANCHEZ

**PRESIDENT**

**03/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date