

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 19, 2020
Secretary of State
0838558605CC

Entity Name: CHRISTIAN LIFE RESTORATION CENTER, INC.

Current Principal Place of Business:

3301 N. HIATUS ROAD
SUNRISE, FL 33351

Current Mailing Address:

P.O. BOX 450964
SUNRISE, FL 33345 US

FEI Number: 65-0372032

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FABRE, YOLETTE
3301 N. HIATUS ROAD
SUNRISE, FL 33351 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 PD
Name FABRE, YOLETTE
Address 6101 LOQUAT CIRCLE
City-State-Zip: TAMARAC FL 33319

Title VP, S
Name FABRE JR., GEORGE
Address 6101 LOQUAT CIRCLE
City-State-Zip: TAMARAC FL 33319

Title TD
Name TELLUS, VERNANTE
Address 7573 W OAKLAND PARK BLVD
City-State-Zip: LAUDERHILL FL 33319

Title D
Name NOEL, KETIA
Address 7573 W. OAKLAND PARK BLVD
City-State-Zip: LAUDERHILL FL 33319

Title D
Name FABRE, SABINE
Address 6101 LOQUAT CIRCLE
City-State-Zip: TAMARAC FL 33319

Title D
Name FABRE, TRACY J.
Address 6101 LOQUAT CIRCLE
City-State-Zip: TAMARAC FL 33319

Title DIRECTOR
Name FABRE, NATHANIELE
Address 6101 LOQUAT CIRCLE
City-State-Zip: TAMARAC FL 33319

Title DIRECTOR
Name PAUL, SANDHERS
Address 5971 NW 17 PLACE
#202
City-State-Zip: SUNRISE FL 33313

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: YOLETTE FABRE

PD

07/19/2020

Electronic Signature of Signing Officer/Director Detail

Date