

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000474

**FILED**  
**Apr 14, 2021**  
**Secretary of State**  
**3926892806CC**

**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**

**04/14/2021**

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

\_\_\_\_\_  
Date