

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000474

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: FABRE, YOLETTE

PD

04/24/2024

Electronic Signature of Signing Officer/Director Detail_____
Date