

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000474

Entity Name: CHRISTIAN LIFE RESTORATION CENTER, INC.

Current Principal Place of Business:

7573 W OAKLAND PARK BLVD
LAUDERHILL
LAUDERHILL, FL 33319

Current Mailing Address:

P.O. BOX 190277
LAUDERHILL, FL 33319 US

FEI Number: 65-0372032

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FABRE, YOLETTE
7573 WEST OAKLAND PARK BLVD.
LAUDERHILL, FL 33319 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

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

PRESIDENT

07/13/2017

Electronic Signature of Signing Officer/Director Detail

Date