

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

DOCUMENT# N00000003290

**Entity Name:** BRIDGE OF LIFE CHRISTIAN CENTER OF THE ASSEMBLIES OF GOD, INC.

**FILED**  
**Apr 13, 2021**  
**Secretary of State**  
**9769600024CC**

**Current Principal Place of Business:**

96 MASTERS DRIVE  
SAINT AUGUSTINE, FL 32084

**Current Mailing Address:**

96 MASTERS DRIVE  
SAINT AUGUSTINE, FL 32084 US

**FEI Number: 59-3302930**

**Certificate of Status Desired: No**

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

ALICEA, ELIUT I  
96 MASTERS DRIVE  
SAINT AUGUSTINE, FL 32084 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 ALICEA, ELIUT I  
Address 96 MASTERS DR  
City-State-Zip: ST AUGUSTINE FL 32084

Title ELDER, TREASURER  
Name COMPTON, GABRIELLE  
Address 96 MASTERS DR  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title SECRETARY  
Name COWELL, SHARON  
Address 96 MASTERS DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title ELDER  
Name HEILMAN, PHILIP  
Address 96 MASTERS DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32084

Title ELDER  
Name FREEMAN, GEORGE  
Address 96 MASTERS DRIVE  
City-State-Zip: SAINT AUGUSTINE FL 32084

*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: ELIUT ALICEA**

**PASTOR**

**04/13/2021**

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

\_\_\_\_\_  
Date