

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007362

Entity Name: K-LIFE OF ST. PETERSBURG, INC.**Current Principal Place of Business:**170 19TH AVE NORTH
ST PETERSBURG, FL 33704**Current Mailing Address:**1353 LAKESHORE DR
BRANSON, MO 65616**FEI Number:** 59-3663810**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**K-LIFE MINISTRIES, INC
170 19TH AVENUE NORTH
ST PETERSBURG, FL 33704 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:** CHRISTIE STEWART

03/01/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SCOTT, STILES
Address 6636 BAYOU GRANDE BLVD NE
City-State-Zip: SAINT PETERSBURG FL 33702

Title DIRECTOR OF ADMINISTRATION
Name STEWART, CHRISTIE
Address 567 HUNTINGTON DR
City-State-Zip: BRANSON MO 65616

Title TREASURER
Name CHILDS, CAM / KATHERINE
Address 232 23RD AVE N
City-State-Zip: ST PETERSBURG FL 33704

Title BOARD MEMBER
Name FOX, MARK / GABIE
Address 4531 15TH ST N
City-State-Zip: ST PETERSBURG FL 33703

Title BOARD MEMBER
Name EATON, PHIL / SUSAN
Address 6731 DATE PALM AVE S
City-State-Zip: ST PETERSBURG FL 33707

Title BOARD MEMBER
Name WANG, BRIAN / AUTUMN
Address 1353 LAKE SHORE DR
City-State-Zip: BRANSON MO 65616

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: CHRISTIE STEWART**DIRECTOR OF
ADMINISTRATION**

03/01/2017

Electronic Signature of Signing Officer/Director Detail

Date