

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005974

Entity Name: THRIVE COMMUNITY CHURCH, INC.**Current Principal Place of Business:**1221 DUNLAWTON AVENUE
SUITE 200
PORT ORANGE, FL 32127**Current Mailing Address:**P.O. BOX 214017
SOUTH DAYTONA, FL 32121**FEI Number:** 55-0828183**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHULTZ, CHRISTINA MARIE
2272 GARFIELD DR
SOUTH DAYTONA, FL 32119 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:** CHRISTINA SHULTZ

03/07/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name SHULTZ, JAMIE R
Address 2272 GARFIELD DR
City-State-Zip: SOUTH DAYTONA FL 32119

Title TRUSTEE
Name DUFOE, JAMES
Address 1366 DEXTER DR E
City-State-Zip: PORT ORANGE FL 32129

Title P
Name KEIRSTEAD, PETER C
Address PO BOX 214017
City-State-Zip: SOUTH DAYTONA FL 32121

Title TRD
Name NOVAK, GREGORY
Address 5111 S. RIDGEWOOD AVE SUITE 2020
City-State-Zip: PORT ORANGE FL 32127

Title TRT
Name SLEAFORD, MICHAEL L
Address 806 LOCUST STREET
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title TRUSTEE
Name SMITH, LARRY
Address 1221 DUNLAWTON AVENUE
SUITE 200
City-State-Zip: PORT ORANGE FL 32127

Title TRUSTEE
Name ROBINSON, TOM
Address 104 SPINNAKER CIR
City-State-Zip: SOUTH DAYTONA FL 32119

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: PETER KEIRSTEAD

PRESIDENT

03/07/2017

Electronic Signature of Signing Officer/Director Detail

Date