

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000484

Entity Name: EXTRAORDINARY LIFE CHURCH INC.**Current Principal Place of Business:**5808 LYNN ROAD
TAMPA, FL 33624**Current Mailing Address:**5808 LYNN RD
TAMPA, FL 33624 US**FEI Number:** 61-1587903**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**GARCIA, JUAN EPD
3330 W. SPRUCE ST
TAMPA, FL 33607 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 PRESIDENT, PASTOR
Name GARCIA, JUAN E
Address 5808 LYNN ROAD
City-State-Zip: TAMPA FL 33624

Title VP, PASTOR
Name GARCIA, LUCY N
Address 5808 LYNN ROAD
City-State-Zip: TAMPA FL 33624

Title SECRETARY
Name RIOS, CHRISTIE K
Address 5808 LYNN ROAD
City-State-Zip: TAMPA FL 33624

Title ELDER
Name GUARTON, CESAR
Address 5808 LYNN RD
City-State-Zip: TAMPA FL 33624

Title ASSOCIATE PASTOR
Name ALEMAR, NANCY
Address 5808 LYNN RD
City-State-Zip: TAMPA FL 33624

Title TRUSTEE
Name DILBERT, JULIE
Address 5808 LYNN ROAD
City-State-Zip: TAMPA FL 33624

Title TREASURER
Name GOMEZ, LISA
Address 5808 LYNN RD
City-State-Zip: TAMPA FL 33624

Title TRUSTEE
Name GARCIA, JOHN
Address 5808 LYNN ROAD
City-State-Zip: TAMPA FL 33624

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: LISA GOMEZ**TREASURER****01/21/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date