#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000484

Entity Name: EXTRAORDINARY LIFE CHURCH INC.

FILED
Apr 23, 2018
Secretary of State
CC0017673150

## **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: No

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

Title TRUSTEE Title **SECRETARY** Name REYES, LENA Name RIOS, CHRISTY Address **5808 LYNN RD** Address 5808 LYNN ROAD TAMPA FL 33624 City-State-Zip: TAMPA FL 33624 City-State-Zip:

Title ASSOCIATE PASTOR Title **ELDER** Name ALEMAR, NANCY Name **GUARTON. CESAR** Address **5808 LYNN RD** Address **5808 LYNN RD** City-State-Zip: TAMPA FL 33624 City-State-Zip: TAMPA FL 33624

Title **TRUSTEE** Title **TREASURER** Name GOMEZ, LISA DILBERT, JULIE Name **5808 LYNN RD** Address 5808 LYNN ROAD Address City-State-Zip: TAMPA FL 33624 TAMPA FL 33624 City-State-Zip:

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: REV. JUAN E. GARCIA

**PASTOR** 

04/23/2018