#### 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: ROSS CHANDLER

Electronic Signature of Signing Officer/Director Detail

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

### **Officer/Director Detail :**

Title	ELD.	Title	A
Name	CHANDLER, ROSS	Name	CRUGER, FELICIA S
Address	P.O. BOX 333	Address	1371 SE 24TH PLACE
City-State-Zip:	STARKE FL 32091	City-State-Zip:	GAINESVILLE FL 32641
Title	A		
THE	^		
Name	DAVIS, DAISY		
Address	403 E. MARKET RD.		
City-State-Zip:			

## 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1000002984

Entity Name: LIFE SOURCE FAITH-BASED MINISTRY, INC.

### **Current Principal Place of Business:**

422 NORTH SAINT CLAIR STREET STARKE, FL 32091

#### **Current Mailing Address:**

P.O. BOX 1255 STARKE, FL 32091

#### FEI Number: 80-0603765

# Name and Address of Current Registered Agent:

TRUE VINE OUTREACH MINISTRIES, INC. 422 NORTH SAINT CLAIR STREET STARKE, FL 32091 US

04/10/2019 Date

Date

FILED Apr 10, 2019 Secretary of State 3726201139CC

Certificate of Status Desired: No

SENIOR PASTOR