

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000011666

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC8923678168**

**Entity Name:** FULL LIFE MINISTRY CHRISTIAN CHURCH CORP

**Current Principal Place of Business:**

1515 NW 167TH ST  
# 200  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

1515 NW 167TH ST  
# 200  
MIAMI GARDENS, FL 33169 US

**FEI Number:** 46-1576241

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VILLEGAS, PEDRO F  
3300 NE 192 ST  
APT. #1413  
AVENTURA, FL 33180 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 P  
Name VILLEGAS, PEDRO F  
Address 3300 NE 192 STREET APT 1413  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name MENDOZA, ANA M  
Address 3300 NE 192 STREET APT 1413  
City-State-Zip: AVENTURA FL 33180

Title T  
Name FUENTES, JOSE M  
Address 3402 W OARK ROAD  
City-State-Zip: HOLLYWOOD FL 33021

*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:** PEDRO VILLEGAS

**PRESIDENT**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date