The above name	d entity submits this statement for the purpose of changing its	reaistered office or reais	tered agent, or both, in the State of Florida.	
SIGNATURE				
	Electronic Signature of Registered Agent		Da	t
Officer/Dire	ctor Detail :			
Title	D, O	Title	D, O	
Name	MOORE, KEITH	Name	MOORE, PHYLLIS	
Address	6980 PROFESSIONAL PKWY., EAST	Address	6980 PROFESSIONAL PKWY., EAST	
City-State-Zip:	SARASOTA FL 34240	City-State-Zip:	SARASOTA FL 34240	
Title	D, O			
Name	GAY, KAREN			
Address	6980 PROFESSIONAL PKWY., EAST			
City-State-Zip:	SARASOTA FL 34240			

# **Current Mailing Address:**

Entity Name: FAITH LIFE CHURCH, INC.

DOCUMENT# N1700002017

6980 PROFESSIONAL PKWY., EAST SARASOTA, FL 34240 US

### FEI Number: 35-2588102

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

MOORE, PHYLLIS 6980 PROFESSIONAL PKWY., EAST SARASOTA, FL 34240 US

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: KAREN GAY

04/01/2021

Electronic Signature of Signing Officer/Director Detail

FILED Apr 01, 2021 Secretary of State 8417245362CC

Certificate of Status Desired: No

ate

Date

## TREASURER

#### **Current Principal Place of Business:** 6980 PROFESSIONAL PKWY., EAST SARASOTA, FL 34240

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT