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.

PRESIDENT

02/11/2023

Date

Electronic Signature of Signing Officer/Director Detail

Current Principal Place of Business: 4610 SW 49TH RD OCALA, FL 34474

Current Mailing Address:

400 SW 1ST AVE PO BOX 4666 OCALA, FL 34478

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

RICHARDSON, TERRELL L 6419 SW 145TH LN OCALA, FL 34473 US

Certificate of Status Desired: No

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 :

Officer/Director Detail :					
Title	Ρ	Title	VP		
Name	RICHARDSON, TERRELL L	Name	RICHARDSON, TIPHANY J		
Address	6419 SW 145TH LN	Address	6419 SW 145TH LN		
City-State-Zip:	OCALA FL 34473	City-State-Zip:	OCALA FL 34473		
Title	D	Title	D		
Name	BRANTON, ISAIAH	Name	RICHARDSON, JASMINE T		
Address	3585 SW 38TH TERRACE G-103	Address	6419 SW 145TH LANE RD		
City-State-Zip:	OCALA FL 34474	City-State-Zip:	OCALA FL 34473		
Title	S	Title	D		
Name	JACOBS, ULYSSA M	Name	PRAY, SELIA A		
Address	3310 SE LAKE WEIR AVE FL 34471	Address	3310 SE LAKE WEIR AVE FL 34471		
City-State-Zip:	OCALA FL 34473546	City-State-Zip:	OCALA FL 34473546		

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000003990

Entity Name: TRUE LIFE FAMILY & WORSHIP MINISTRY INC

FILED Feb 11, 2023 Secretary of State 5359148116CC

Date