The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flore			
SIGNATURE	E: DAVID C. GIBBS III, PRESIDENT		
	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Title	DIRECTOR	Title	PASTOR, TREASURER
Name	ARNO, RICHARD G DR.	Name	SMUIN, DAVID M PASTOR
Address	3796 EAGLE HAMMOCK DRIVE	Address	1670 BENTON YOUNG ROAD
City-State-Zip:	SARASOTA FL 34240	City-State-Zip:	COOKEVILLE TN 38501
Title	SECRETARY	Title	DIRECTOR
Name	KAPLIN, DEBRA A REV.	Name	EACKER, ORVILLE L PASTOR
Address	2546 SILVERMOSS DRIVE	Address	165 SMITH RD.
City-State-Zip:	WESLEY CHAPEL FL 33544	City-State-Zip:	GOUVERNEUR NY 13642
Title	DIRECTOR		

THE NATIONAL CENTER FOR LIFE AND LIBERTY, INC.

11803 104TH STREET NORTH LARGO, FL 33773 US

> WOOD, TANYA L REV. 146 DONOMA ST.

City-State-Zip: BROWNS MILLS NJ 08015

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: NATIONAL CONSERVATIVE CHRISTIAN CHURCH, INC.

PO BOX 787 COOKEVILLE, TN 38503 US

DOCUMENT# N9300002719

599 VICKERS PLACE

COOKEVILLE, TN 38501

F

Name

Address

Current Principal Place of Business:

FEI Number: 65-0431171

Current Mailing Address:

Name and Address of Current Registered Agent:

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.

PASTOR

SIGNATURE: DAVID M SMUIN

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

01/10/2018

01/10/2018 Date

Date