

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752902

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** THE COMMUNITY LIFE CENTER OF FULL GOSPEL MINISTRIES ASSEMBLY OF GOD, INC.

**Current Principal Place of Business:**

19048 EDGEWATER DR.  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

19048 EDGEWATER DR.  
PORT CHARLOTTE, FL 33948

**New Mailing Address:**

**FEI Number:** 59-2245558

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COFFEY, MARK REV  
19048 EDGEWATER DRIVE  
PORT CHARLOTTE, FL 33948 US

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

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

**OFFICERS AND DIRECTORS:**

Title: VPD  
Name: LOFSTEN, MARIE  
Address: 3404 IDLEWILD STREET  
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: SD  
Name: WRIGHT, RITA  
Address: 5225 SUNNYVALE ROAD  
City-St-Zip: NORTH PORT, FL 34288

Title: T  
Name: SOLODUK, ANN  
Address: 2262 HAMBURGE LANE  
City-St-Zip: PORT CHARLOTTE, FL 33983

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: MARK COFFEY

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03/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date