2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2006
Secretary of State

DOCUMENT# N00000000623

Entity Name: FAMILY LIFE CHURCH, INC.

Current Principal Place of Business:

323 REID AVE
PORT ST JOE, FL 32456

New Principal Place of Business:

Current Mailing Address:

323 REID AVE
PORT ST JOE, FL 32456

New Mailing Address:

FEI Number: 59-3643941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RUTHERFORD, ANDREW S
104 BRENDA DR.
PORT SAINT JOE, FL 32456 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: P ( ) Delete
Name: RUTHERFORD, ANDREW S
Address: 104 BRENDA DR.
City-St-Zip: PORT SAINT JOE, FL 32456

Title: T ( ) Delete
Name: CAMPBELL, CHARLES
Address: PO BOX 104
City-St-Zip: CARRABELLE, FL 32322

Title: V ( ) Delete
Name: MILLENDER, LARRY
Address: PO BOX 14328
City-St-Zip: TALLAHASSEE, FL 32317

Title: S ( ) Delete
Name: WHITE, GARY
Address: POB 63
City-St-Zip: PORT SAINT JOE, FL 32457

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ANDREW S RUTHERFORD P 07/01/2006

Electronic Signature of Signing Officer or Director — Date