2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000623

Entity Name: FAMILY LIFE CHURCH, INC

FILED Mar 23, 2009 Secretary of State

Littly Name. Pawill Fill E Choron, Inc.						
Current Principal Place of Business:			New Princi	New Principal Place of Business:		
323 REID A PORT ST J	VE IOE, FL 32456					
Current Mailing Address:			New Mailin	New Mailing Address:		
323 REID A PORT ST J	NVE IOE, FL 32456					
FEI Number: 59-3643941 FEI Number Applied For () FEI N		FEI Number Not Appli	cable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
104 BRENI PORT SAIN	NT JOE, FL 324	456 US	oose of changing it	s registered office or registered agent, or both,		
in the State						
SIGNATUR						
	Electronic	Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () E RUTHERFORD, A 104 BRENDA DR PORT SAINT JOE		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	T ()[CAMPBELL, CHA PO BOX 104 CARRABELLE, F		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V ()[MILLENDER, LAI PO BOX 14328 TALLAHASSEE,		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S () E WHITE, GARY POB 63 PORT SAINT JOI	Delete E, FL 32457	Title: Name: Address: City-St-Zip:	S (X) Change () Addition COOK, BILL 119 AVE E APALACHICOLA, FL 32329		
Title: Name: Address: City-St-Zip:]()	Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition FELICIANO, ANTHONY 258 PATTON DR EASTPOINT, FL 32328		

I hereby certify that the information supplied with this filing does not qualify 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 03/23/2009