2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# N04000007796

Entity Name: FAMILY LIFE ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

3535 SE 19TH AVE.
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

3535 SE 19TH AVE.
OCALA, FL 34471

New Mailing Address:

FEI Number: 56-2475823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HILL, REV. CHARLES
3535 SE 19TH AVE.
OCALA, FL 34471 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: HILL, REV. CHARLES
Address: 3535 SE 19TH AVE.
City-St-Zip: OCALA, FL 34471

Title: V ( ) Delete
Name: SHANER, DALE
Address: 11671 SE 69 TERR
City-St-Zip: BELLEVIEW, FL 34420

Title: S ( ) Delete
Name: HILL, SHEILA M
Address: 3535 SE 19TH AVE.
City-St-Zip: OCALA, FL 34471

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:

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: CHARLES D. HILL, JR. PRES 01/11/2007

Electronic Signature of Signing Officer or Director Date