

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 20, 2009
Secretary of State**

DOCUMENT# N06000009903

Entity Name: FAMILY LIFE MINISTRIES OF FROSTPROOF, INC.

Current Principal Place of Business:

309 CARMELA DRIVE
FROSTPROOF, FL 33843

New Principal Place of Business:

Current Mailing Address:

309 CARMELA DRIVE
FROSTPROOF, FL 33843

New Mailing Address:

FEI Number: 20-5607272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALATI, KELLY
309 CARMELA DRIVE
FROSTPROOF, FL 33843 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: D () Delete
Name: GALATI, KELLY
Address: 309 CARMELA DRIVE
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: POLK, ELMER O
Address: 18 MCCARTHY AVENUE
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: HOOD, BILLY
Address: 20 C STREET
City-St-Zip: FROSTPROOF, FL 33843

Title: D () Delete
Name: BREWNER, WILLIAM
Address: 219 PIERCE ST.
City-St-Zip: LAKE WALES, FL 33859

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 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: KELLY P. GALATI

MR.

01/20/2009

Electronic Signature of Signing Officer or Director

Date