

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009903

FILED
Apr 12, 2011
Secretary of State

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
Name: GALATI, KELLY P
Address: 309 CARMELA DRIVE
City-St-Zip: FROSTPROOF, FL 33843

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

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

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

Title: D
Name: MCCLURE, ARTHUR
Address: 103 ALDO DR.
City-St-Zip: BABSON PARK, FL 33827

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: KELLY P GALATI

REV

04/12/2011

Electronic Signature of Signing Officer or Director

Date