

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009938

FILED  
May 09, 2010  
Secretary of State

**Entity Name:** THE FAMILY LIFE WORSHIP CENTER, INC.

**Current Principal Place of Business:**

9221 SE CIVIC CENTER PLACE .  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

9221 SE CIVIC CENTER PLACE .  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

P.O. BOX 880542  
PORT ST. LUCIE, FL 34988

**New Mailing Address:**

**FEI Number:** 26-0438095      **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:**

DUNCAN, CHRISTOPHER L  
997 ALTAMIRA STREET  
PALM BAY, FL 32907    US

**Name and Address of New Registered Agent:**

GAYLE, SUZETTE I  
1253 SW SAN ESTEBAN AVENUE  
PORT ST. LUCIE, FL 34953    US

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: SUZETTE I GAYLE

05/09/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P, D  
Name: GAYLE, DARREN D FOUNDER  
Address: P.O. BOX 880542  
City-St-Zip: PORT ST. LUCIE, FL 34988

Title: VP,D  
Name: GAYLE, SUZETTE I EXE-DIR  
Address: P.O. BOX 880542  
City-St-Zip: PORT ST. LUCIE, FL 34988

Title: TRES  
Name: SAWYER, ROSE  
Address: 1770 ANNANDALE CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: DIR  
Name: BROWN, ANTHONY W  
Address: 621 SW SARAGOSSA AVENUE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: DIR  
Name: BELL, ERIC  
Address: 777 SW TULIP BOULEVARD  
City-St-Zip: PORT ST. LUCIE, FL 34953

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: SUZETTE I. GAYLE

VP,D

05/09/2010

Electronic Signature of Signing Officer or Director

Date