2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2012
Secretary of State

DOCUMENT# N06000009938

Entity Name: THE FAMILY LIFE WORSHIP CENTER, INC.

Current Principal Place of Business:

4051 SW SAVONA BOULEVARD
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

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 ( )**

Name and Address of Current Registered Agent:

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

Title: SEC
Name: THAW, PATRICIA
Address: 3210 FILMORE STREET
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 05/02/2012

Electronic Signature of Signing Officer or Director — Date