

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N30388

1. Entity Name
RADIANT LIFE QUEST CHURCH, INC.



Principal Place of Business
**4195 BASEBALL POND RD
BROOKSVILLE, FL 34602 US**

Mailing Address
**4195 BASEBALL POND RD
BROOKSVILLE, FL 34602 US**



01032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KLINE, REV DEBORAH-KA
4195 BASEBALL POND RD
BROOKSVILLE, FL 34602**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLINE, DEBORAH KAY 4195 BASEBALL POND DR BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYER, LORI MUELLER 1754 W ARBOR DR SAN DIEGO, CA 92103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACETTI, ROBERT BRUCE 35 MAY STREET ST. AUGUSTINE, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/08/08-80044-005 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rev Deborah Kay Kline*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director 3 Jan 08 352-
Date Daytime Phone #

754-1974