

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 27 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41097 (9)
1. Corporation Name
FAMILY LIFE WORSHIP CENTER, INC.

Principal Place of Business Mailing Address
904 WOODLEAF WAY TAMPA FL 33613 **904 WOODLEAF WAY TAMPA FL 33613**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/28/1990** 3a. Date of Last Report **04/29/1994**
4. FEI Number **59-3043900** Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 601(c)(3) Tax Exempt Status ☒ **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**LISTER, FERRELL W.
904 WOODLEAF WAY
TAMPA FL 33613**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LISTER, FERRELL W	1.2 NAME	
STREET ADDRESS	904 WOODLEAF WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, DENNIS	2.2 NAME	
STREET ADDRESS	1403 KEENE LAKE COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	LISTER, LYNNE D	3.2 NAME	
STREET ADDRESS	904 WOODLEAF WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynne D. Lister LYNNE D. LISTER 4-20-95 961-9398
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date