

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N41097** (9)

1. Corporation Name

FAMILY LIFE WORSHIP CHURCH, INC.



Principal Place of Business

**904 WOODLEAF WAY
TAMPA FL 33613**

Mailing Address

**904 WOODLEAF WAY
TAMPA FL 33613**

3. Date Incorporated or Qualified
11/28/1990

3a. Date of Last Report
04/27/1995

2. Principal Place of Business

21 **14824 N. FLA AVE**

Suite, Apt. #, etc.

22

City & State

23 **TAMPA FL**

Zip

24 **33613**

Country

25 **USA**

2a. Mailing Address

26 **14824 N. FLA AVE**

Suite, Apt. #, etc.

27

City & State

28 **TAMPA FL**

Zip

29 **33613**

Country

30 **USA**

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **LISTER, FERRELL W**
STREET ADDRESS **904 WOODLEAF WAY**
CITY-ST-ZIP **TAMPA FL**

TITLE **VD** ☐ DELETE

NAME **GARCIA, DENNIS**
STREET ADDRESS **1403 KEENE LAKE COURT**
CITY-ST-ZIP **LUTZ FL**

TITLE **STD** ☐ DELETE

NAME **LISTER, LYNNE D**
STREET ADDRESS **904 WOODLEAF WAY**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNNE D LISTER

2/27/96

Date

813/961-9378

Daytime Phone #

CR2E037 (12/95)