FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N41097

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| EVWII A | I IFF | WORSHIP | CHURCH. | INU. |

| FAMILY LIFE WORSHIP CHURCH, INC. | | | | | | |
|---|--|-------------------------------------|---|--|---|--|
| Principal Place of Business | | Mailing Address | |) in the same same | | |
| 904 WOODLEAF WAY TAMPA FL 33613 | | 904 WOODLEAF WAY TAMPA FL 33613 | | | | |
| 77441111 | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report | |
| | | | | 11/28/1990 | 04/27/1995 | |
| 2. Principal Place of Busin | | 2a. Mailing Address | | 4. FEI Number 59-3043900 | Applied For Not Applicable | |
| Suite, Apt. #, etc. | ELA AUE | 26 14824 N. Suite, Apt. #, etc. | FLA AUE | Certificate of Status Desired | \$8.75 Additional Fee Required | |
| 22 City & State 23 TAm PA | FL | 27 City & State 28 TAm PA 5 | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| 23 TAMPA | Country | Zip | Country | 8. This corporation has liability for in | ntangible tax under s. 199.032, | |
| 24 33/01.3 | 25 1) SA | | O USA | Florida Statutes L 10. Name and Address of New R | Yes No | |
| 9, Nam | e and Address of Curren | it Registered Agent | B1 Name | 10. Name and Address of New h | agistered Agent | |
| | | | 1 1 | | | |
| LISTER, FERRELL | W. | | 82 Street Add | ress (P.O. Box Number is Not Acceptab | le) | |
| 904 WOODLEAF \ | NAY | | B3 | | | |
| TAMPA FL 33613 | | | 04 04 | | 85 Zip Code | |
| | | | 84 City | ration submits this statement for the pur ard of directors. I hereby accept the app | FL T | |
| OVENIATURE | ept (rie obligations of, deci- | tion 617.0503, Florida Statutes. | Registered Agent signature require | ed when reinstating) ADDITIONS/CHANGES TO OFF | DATE | |
| 12. | OFFICERS AN | ID DIRECTORS | 13. | ADDITIONS/CHANGES TO OFF | Change Addition | |
| TITLE PD | | DELETE | 1.1 TITLE 1.2 NAME | | D , C | |
| | R, FERRELL W | | 1.3 STREET ADDRESS | | | |
| TANAR | OODLEAF WAY | | 1.4 CITY - ST - ZIP | | | |
| THE VD | <u> </u> | | | | | |
| 1 10 | | DELETE | 2.1 TITLE | | ☐ Change ☐ Addition | |
| NAME GARC | IA. DENNIS | DELETE | | | ☐ Change ☐ Addition | |
| | ia, dennis Keene lake court | DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS | | ☐ Change ☐ Addition | |
| STREET ADDRESS 1403 LUTZ | KEENE LAKE COURT | _ | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition ☐ Change ☐ Addition | |
| STREET ADDRESS LUTZ TITLE STD | KEENE LAKE COURT FL | □ DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE | | | |
| STREET ADDRESS LUTZ TITLE STD NAME LISTE | KEENE LAKE COURT FL R, LYNNE D | _ | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-SI-ZIP 3.1 TITLE 3.2 NAME | | | |
| STREET ADDRESS 1403 CITY-ST-ZIP LUTZ TITLE STD NAME LISTE STREET ADDRESS 904 W | KEENE LAKE COURT FL R, LYNNE D 1000LEAF WAY | _ | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE | | ☐ Change ☐ Addition | |
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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 119.07(3)(k), Florida Statutes. Florida Statutes and 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 unde 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 certify 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/96 8/3/961-9398

R2E037 (12/95)