

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41097

FILED  
Jan 13, 2004  
Secretary of State

Entity Name: FAMILY LIFE WORSHIP CHURCH, INC.

**Current Principal Place of Business:**

14814 N FLORIDA AVENUE  
TAMPA, FL 33613 US

**New Principal Place of Business:**

**Current Mailing Address:**

14814 N FLORIDA AVE  
TAMPA, FL 33613 US

**New Mailing Address:**

FEI Number: 59-3043900

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

LISTER, LYNNE D.  
904 WOODLEAF WAY  
TAMPA, FL 33613 US

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: LYNNE D. LISTER

01/13/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: LISTER, LYNNE D  
Address: 904 WOODLEAF WAY  
City-St-Zip: TAMPA, FL 33613

Title: VD ( ) Delete  
Name: GARCIA, DENNIS  
Address: 2801 RIDGE HOLLOW LANE  
City-St-Zip: LUTZ, FL 33559

Title: STD ( ) Delete  
Name: LISTER, FERRELL W  
Address: 904 WOODLEAF WAY  
City-St-Zip: TAMPA, FL 33613

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LYNNE D. LISTER

PD

01/13/2004

Electronic Signature of Signing Officer or Director

Date