

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 18, 2005
Secretary of State**

DOCUMENT# N41097

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, LNNE D.
904 WOODLEAF WAY
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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: _____

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

01/18/2005

Electronic Signature of Signing Officer or Director

_____ Date