

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41097

FILED  
Feb 01, 2008  
Secretary of State

Entity Name: FAMILY LIFE WORSHIP CHURCH, INC.

**Current Principal Place of Business:**

18922 SPRING HOLLOW DR  
LUTZ, FL 33549 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 2300  
LUTZ, FL 33548 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.  
18922 SPRING HOLLOW DR  
LUTZ, FL 33559 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: 18922 SPRING HOLLOW DRIVE  
City-St-Zip: LUTZ, FL 33559

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

Title: TR ( ) Delete  
Name: LISTER, FERRELL W  
Address: 18922 SPRING HOLLOW DRIVE  
City-St-Zip: LUTZ, FL 33559

Title: SEC ( ) Delete  
Name: WEST, DONNA  
Address: 12819 RETORIA CIRCLE  
City-St-Zip: TAMPA, FL 33625

**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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

02/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date