

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2009
Secretary of State**

DOCUMENT# N41097

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:

18922 SPRING HOLLOW DR
LUTZ, FL 33559 US

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

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

Date