

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003724

FILED  
Mar 19, 2012  
Secretary of State

**Entity Name:** FAITH LIFE CHRISTIAN UNIVERSITY INC.

**Current Principal Place of Business:**

217 DIXIE LANE  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

**Current Mailing Address:**

217 DIXIE LANE  
ROCKLEDGE, FL 32955

**New Mailing Address:**

**FEI Number:** 59-3228971

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HATCHER, ANTHONY J P  
2440 SUMMER BROOK ST.  
MELBOURNE, FL 32940 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:** P  
**Name:** HATCHER, ANTHONY J  
**Address:** 217 DIXIE LANE  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** S  
**Name:** FRAZIER, SERVOLA  
**Address:** 217 DIXIE LANE  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** VP  
**Name:** HATCHER, CHARLENE Y  
**Address:** 217 DIXIE LANE  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** T  
**Name:** SEALY, TRALENA  
**Address:** 217 DIXIE LANE  
**City-St-Zip:** ROCKLEDGE, FL 32955

**Title:** D  
**Name:** FRAZIER, GEORGE  
**Address:** 217 DIXIE LANE  
**City-St-Zip:** ROCKLEDGE, FL 32955

I hereby 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 all other like empowered.

**SIGNATURE:** CHARLENE HATCHER

VP

03/19/2012

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

\_\_\_\_\_  
Date