

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007796

Entity Name: FAMILY LIFE ASSEMBLY OF GOD, INC.**Current Principal Place of Business:**4325 SW 95TH STREET
OCALA, FL 34476**Current Mailing Address:**4325 SW 95TH STREET
OCALA, FL 34476 US**FEI Number:** 56-2475823**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILL, REV. CHARLES
3535 SE 19TH AVE.
OCALA, FL 34471 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	HILL, REV. CHARLES
Address	3535 SE 19TH AVE.
City-State-Zip:	OCALA FL 34471

Title	SECRETARY
Name	HILL, JONATHAN DAVID
Address	10590 SW 45TH CT
City-State-Zip:	OCALA FL 34476

Title	S
Name	HILL, SHEILA M
Address	3535 SE 19TH AVE.
City-State-Zip:	OCALA FL 34471

Title	TRUSTEE
Name	DEAN, TERRY
Address	10380 SW 48TH AVE
City-State-Zip:	OCALA FL 34476

Title	TRUSTEE
Name	ANTHONY, DONNA
Address	5078 SW 107TH LOOP
City-State-Zip:	OCALA FL 34476

Title	TRUSTEE
Name	CAMPBELL, JANEIL
Address	10195 SW 38TH AVE.
City-State-Zip:	OCALA FL 34476

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: JONATHAN HILL**SECRETARY****02/08/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date