

**2024 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 CAMPBELL, JANEIL  
Address 10195 SW 38TH AVE.  
City-State-Zip: Ocala FL 34476

Title TRUSTEE  
Name ECKLEMAN, DANIEL  
Address 17651SW17TH CIRCLE  
City-State-Zip: Ocala FL 34473

*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**

**01/03/2024**

Electronic Signature of Signing Officer/Director Detail

Date