#### 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.

VICE PRESIDENT

#### SIGNATURE: JONATHAN HILL

Electronic Signature of Signing Officer/Director Detail

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:

#### **Officer/Director Detail :**

Title	Р	Title	V
Name	HILL, REV. CHARLES	Name	HILL, JONATHAN DAVID
Address	3535 SE 19TH AVE.	Address	3535 SE 19TH AVE
City-State-Zip:	OCALA FL 34471	City-State-Zip:	OCALA FL 34471
Title	S		
Name	HILL, SHEILA M		
Address	3535 SE 19TH AVE.		
City-State-Zip:	OCALA FL 34471		

Electronic Signature of Registered Agent

Entity Name: FAMILY LIFE ASSEMBLY OF GOD, INC.

HILL, REV. CHARLES

4325 SW 95TH STREET

## OCALA, FL 34476

**Current Principal Place of Business:** 

DOCUMENT# N0400007796

#### **Current Mailing Address:**

4325 SW 95TH STREET OCALA. FL 34476 US

#### FEI Number: 56-2475823

# Name and Address of Current Registered Agent:

3535 SE 19TH AVE. OCALA, FL 34471 US

## FILED Mar 24, 2017 Secretary of State CC9981032524

Certificate of Status Desired: No

03/24/2017

Date

Date