

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009903

Entity Name: FAMILY LIFE MINISTRIES OF FROSTPROOF, INC.

Current Principal Place of Business:

139 BULLDOG WAY
FROSTPROOF, FL 33843

Current Mailing Address:

PO BOX 121
FROSTPROOF, FL 33843

FEI Number: 20-5607272

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALATI, KELLY
495 WOOD AVE
FROSTPROOF, FL 33843 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 PRESIDENT
Name GALATI, KELLY P
Address 495 WOOD AVE
City-State-Zip: FROSTPROOF FL 33843

Title D
Name POLK, ELMER O
Address 18 MCCARTHY AVENUE
City-State-Zip: FROSTPROOF FL 33843

Title D
Name CARPENTER, BILL
Address 10 MARLOW RD
City-State-Zip: FROSTPROOF FL 33843

Title D
Name BREWNER, WILLIAM
Address 219 PIERCE ST.
City-State-Zip: LAKE WALES FL 33859

Title D
Name MCCLURE, ARTHUR
Address 103 ALDO DR.
City-State-Zip: BABSON PARK FL 33827

Title D
Name CARTER, HARLEY
Address PO BOX 121
City-State-Zip: FROSTPROOF FL 33843

Title D
Name BARKER, CHARLES
Address 139 BULLDOG WAY
City-State-Zip: FROSTPROOF FL 33843

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: KELLY P. GALATI

CEO

01/21/2015

Electronic Signature of Signing Officer/Director Detail

Date