

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009903

**FILED**  
**Jan 25, 2013**  
**Secretary of State**  
**CC9497196211**

**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  
309 CARMELA DRIVE  
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 D  
Name GALATI, KELLY P  
Address 309 CARMELA DRIVE  
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

*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

**LEAD PASTOR/CEO**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date