

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009903

**Entity Name:** FAMILY LIFE CHURCH 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  
139 BULLDOG WAY  
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  
Address        495 WOOD AVE  
City-State-Zip: FROSTPROOF FL 33843

Title            TREASURER  
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            SECRETARY  
Name            COLE, MATT  
Address        10702 W BEACH PARKWAY  
City-State-Zip: LAKE WALES FL 33898

Title            DIRECTOR  
Name            ARNDT, DANIEL  
Address        231 N. MAXCY QUARTERS RD  
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 GALATI

**PRESIDENT**

**03/09/2024**

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

\_\_\_\_\_  
Date