

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003000

Entity Name: ELEVATE LIFE CHURCH, INC.**Current Principal Place of Business:**8650 MERCHANTS WAY
JACKSONVILLE, FL 32222**Current Mailing Address:**8650 MERCHANTS WAY
JACKSONVILLE, FL 32222 US**FEI Number:** 26-2337241**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**STAIER, TIMOTHY D
1585 GREEN MOSS LN
ORANGE PARK, FL 32065 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 STAIER, TIMOTHY D
Address 1585 GREEN MOSS LN
City-State-Zip: ORANGE PARK FL 32065

Title OVERSEER
Name FISHER, CHAD
Address 4377 SHIRE CREEK COURT
City-State-Zip: HILLIARD OH 43026

Title TRUSTEE, SECRETARY
Name SATTERWHITE, JARED
Address 7564 ODIS YARBOROUGH RD
City-State-Zip: GLEN ST. MARY FL 32040

Title TRUSTEE
Name LANG, ROBERT
Address 672 CHESTWOOD CHASE DR
City-State-Zip: ORANGE PARK FL 32065

Title OVERSEER
Name MAUNEY, JOSH
Address 14194 88TH PLACE NORTH
City-State-Zip: LOXAHATCHEE FL 33470

Title OVERSEER
Name NEPSTAD, SHAUN
Address 1436 MELLISSA CIRCLE
City-State-Zip: ANTIOCH CA 94509

Title TRUSTEE
Name GAYDA, MICHAEL
Address 1503 MOSS GROVE CT
City-State-Zip: ORANGE PARK FL 32065

Title TRUSTEE
Name WOODS, VERDUN
Address 135 RIDGEFIELD COURT
City-State-Zip: ORANGE PARK FL 32065

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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: TIMOTHY D. STAIER**PRESIDENT****06/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	OVERSEER
Name	WALLACE, KEVIN
Address	53 SOUTH CREST ROAD
City-State-Zip:	CHATTANOOGA TN 37404