

2025 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:** TIMOTHY D. STAIER

03/19/2025

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

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

Title TREASURER
Name MELLEN, MARK
Address 1158 CAMP RIDGE LN
City-State-Zip: MIDDLEBURG FL 32068

Title TRUSTEE
Name BLY, ROBERT
Address 1668 CROOKED OAK DRIVE
City-State-Zip: ORANGE PARK FL 32065

Title TRUSTEE
Name CURRY, CHRISTOPHER
Address 4302 POWDERHORN CT
City-State-Zip: MIDDLEBURG FL 32068

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: MARK MELLEN

CFO

03/19/2025

Electronic Signature of Signing Officer/Director Detail

Date