

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000007375

**Entity Name:** FAMILY CHRISTIAN CENTER LEADERSHIP INSTITUTE, INC.

**Current Principal Place of Business:**

2685 BRECON LANE  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

2685 BRECON LANE  
TALLAHASSEE, FL 32303

**FEI Number: 27-2617071**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LLOYD, EDWARD  
2685 BRECON LANE  
TALLAHASSEE, FL 32303 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 SP  
Name LLOYD, EDWARD LSR  
Address 2685 BRECON LANE  
City-State-Zip: TALLAHASSEE FL 32303

Title PV  
Name LLOYD, RHONDA B  
Address 2685 BRECON LANE  
City-State-Zip: TALLAHASSEE FL 32303

Title PCEO  
Name WILLIAMS, DEIDRE P  
Address 2749 W. THARPE ST. NO E-7  
City-State-Zip: TALLAHASSEE FL 32303

*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: RHONDA LLOYD**

**PV**

**04/11/2014**

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

\_\_\_\_\_  
Date