

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005676

**FILED  
Apr 16, 2018  
Secretary of State  
CC9081172831**

**Entity Name:** FAMILY LIFE COMMUNITY OUTREACH CENTER INC

**Current Principal Place of Business:**

4313 SW DARWIN BLVD  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

4313 SW DARWIN BLVD  
PORT ST LUCIE, FL 34953 US

**FEI Number: 45-5434411**

**Certificate of Status Desired: No**

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

GAYLE, SUZETTE  
4313 SW DARWIN AVE  
PORT ST LUCIE, FL 34953 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 FOUNDER, PRESIDENT, CEO  
Name GAYLE, SUZETTE I.  
Address 1253 SW SAN ESTEBAN AVE  
City-State-Zip: PORT ST LUCIE FL 34953

Title T, SEC  
Name SAWYERS, ROSE  
Address 171 SW UELER AVE  
City-State-Zip: PORT ST LUCIE FL 34953

Title DIR  
Name GAYLE, DARREN D  
Address 4313 SW DARWIN BOULEVARD  
City-State-Zip: PORT ST LUCIE FL 34953

*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: SUZETTE GAYLE**

**P**

**04/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date