I hereby certify that the information indicated on this report or supplemental report is true and accur	ate 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 exec	ute this report as required by Chapter 617, Florida Statut	es; and that my name appears
above, or on an attachment with all other like empowered.		
SIGNATURE: SUZETTE GAYLE	PRESIDENT	03/22/2023

SIGNATURE: SUZETTE GAYLE

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# N1200005676

# Entity Name: FAMILY LIFE COMMUNITY OUTREACH CENTER INC

# **Current Principal Place of Business:**

1253 SW SAN ESTEBAN AVENUE PORT ST LUCIE, FL 34953

# **Current Mailing Address:**

1253 SW SAN ESTEBAN AVENUE PORT ST LUCIE. FL 34953 US

# FEI Number: 45-5434411

# Name and Address of Current Registered Agent:

GAYLE, SUZETTE 1253 SW SAN ESTEBAN AVENUE 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

# **Officer/Director Detail :**

Title	FOUNDER, PRESIDENT, CEO	Title	T, SEC
Name	GAYLE, SUZETTE I.	Name	SAWYERS, ROSE
Address	1253 SW SAN ESTEBAN AVE	Address	171 SW UELER AVE
City-State-Zip:	PORT ST LUCIE FL 34953	City-State-Zip:	PORT ST LUCIE FL 34953

FILED Mar 22, 2023 Secretary of State 6228390243CC

Certificate of Status Desired: No

Date

Date