

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

DOCUMENT# N12000005676

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

**Current Principal Place of Business:**

1253 SW SAN ESTEBAN AVE  
B  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

1253 SW SAN ESTEBAN AVE  
B  
PORT ST LUCIE, FL 34953

**FEI Number:** 45-5434411

**Certificate of Status Desired:** No

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

GAYLE, SUZETTE  
1253 SW SAN ESTEBAN 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 P, D  
Name GAYLE, SUZETTE  
Address 1253 SW SAN ESTEBAN AVE  
City-State-Zip: PORT ST LUCIE FL 34953

Title T, D  
Name GAYLE, BARBARA G  
Address 1249 SW SAN ESTEBAN AVENUE  
City-State-Zip: PORT ST LUCIE FL 34953

Title S, D  
Name BELL, GEORGIA J  
Address PO BOX 881432  
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, D

05/01/2014

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

\_\_\_\_\_  
Date