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: KRISTA D MILLS

Current Mailing Address:

Current Principal Place of Business:

PO BOX 1026 DALLAS, GA 30132 US

389 CEDAR BAY CIRCLE DALLAS, GA 30157

DOCUMENT# N1400006172

FEI Number: 47-1287085

Name and Address of Current Registered Agent:

MILLS, NATHAN L 2025 SYLVESTER RD. AA-3 LAKELAND, FL 33803 US

SIGNATURE:

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.

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: FAMILY WORSHIP CENTER OF KENNESAW, INC.

Electronic Signature of Registered Agent **Officer/Director Detail :**

Ρ	Title	VP
MILLS, NATHAN L	Name	MILLS, KRISTA D
2025 SYLVESTER ROAD, AA3	Address	2025 SYLVESTER ROAD, AA3
LAKELAND FL 33803	City-State-Zip:	LAKELAND FL 33803
	2025 SYLVESTER ROAD, AA3	MILLS, NATHAN L Name 2025 SYLVESTER ROAD, AA3 Address

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: Yes

VICE PRESIDENT

01/19/2017

Date

Date