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 MILLS

Electronic Signature of Signing Officer/Director Detail

Entity Name: FAMILY WORSHIP CENTER OF KENNESAW, INC. **Current Principal Place of Business:**

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

389 CEDAR BAY CIRCLE DALLAS, GA 30157

Current Mailing Address:

DOCUMENT# N1400006172

PO BOX 1026 DALLAS, GA 30132 US

FEI Number: 47-1287085

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

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

Officer/Director Detail :			
Title	P	Title	VP
Name	MILLS, NATHAN L	Name	MILLS, KRISTA D
Address	2025 SYLVESTER ROAD, AA3	Address	2025 SYLVESTER ROAD, AA3
City-State-Zip:	LAKELAND FL 33803	City-State-Zip:	LAKELAND FL 33803

SECRETARY

02/24/2021 Date

FILED Feb 24, 2021 Secretary of State 5808918083CC

Certificate of Status Desired: No

Date