

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000006172

**FILED**  
**Jan 21, 2016**  
**Secretary of State**  
**CC0647413839**

**Entity Name:** FAMILY WORSHIP CENTER OF KENNESAW, INC.

**Current Principal Place of Business:**

389 CEDAR BAY CIRCLE  
DALLAS, GA 30157

**Current Mailing Address:**

PO BOX 1026  
DALLAS, GA 30132 US

**FEI Number:** 47-1287085

**Certificate of Status Desired:** Yes

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MILLS, NATHAN L  
Address 2025 SYLVESTER ROAD, AA3  
City-State-Zip: LAKELAND FL 33803

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

*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

**VICE PRESIDENT**

**01/21/2016**

Electronic Signature of Signing Officer/Director Detail

Date