

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15994

FILED
Feb 27, 2014
Secretary of State
CC7731811225

Entity Name: FAMILY LIFE MINISTRIES OF N.W. FL., INC.

Current Principal Place of Business:

1007 GOSPEL ROAD
FT. WALTON BEACH FL 32547

Current Mailing Address:

PO BOX 250
FT. WALTON BEACH FL 32549

FEI Number: 59-2693086

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAOPOULOS, AMY M
1186 WITSHIRE CT
FORT WALTON BEACH FL 32547 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: AMY M DAOPOULOS

02/27/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MANTHEY, ELAINE
Address 1476 EMERALD BAY DRIVE
City-State-Zip: DESTIN FL 32550

Title VP
Name KUSS, KIT DR.
Address 1195 BAYSHORE DRIVE
City-State-Zip: VALPARAISO FL 32580

Title EX DIR
Name DAOPOULOS, AMY
Address 106 SAFE HARBOR COVE
City-State-Zip: VALPARAISO FL 32580

Title SECRETARY
Name JUSTICE, WAYNE DR.
Address 1265 BAYSHORE DR
City-State-Zip: VALPARAISO FL 32580

Title TREASURER
Name TUCKER, MOANA
Address 355 DRIFTWOOD ROAD #6
City-State-Zip: MIRAMAR BEACH FL 32550

Title DIRECTOR
Name PONDER, MONA
Address 527 NORRIEGO RD
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name FOREMAN, JUDY
Address 932 CLAEVEN CIR
City-State-Zip: FORT WALTON BEACH FL 32547

Title DIRECTOR
Name DAVENPORT, JESSICA
Address 126 MEADOWBROOK CT
City-State-Zip: NICEVILLE FL 32578

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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: AMY M DAOPOULOS

EXECUTIVE DIRECTOR

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KETCHEL, CAROLYN
Address PO BOX 7
City-State-Zip: SHALIMAR FL 32579

Title DIRECTOR
Name LOGAN, MIKE
Address 313 RACETRACK RD NW
 5105
City-State-Zip: FORT WALTON BEACH FL 32547