

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15994

FILED
Feb 01, 2017
Secretary of State
CC9697017372

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: Yes

Name and Address of Current Registered Agent:

BROWN, CYNTHIA S
1007 GOSPEL ROAD
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: CYNTHIA BROWN

02/01/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name PONDER, MONA
Address 511 VERA CRUZ
City-State-Zip: DESTIN FL 32541

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

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

Title PRESIDENT
Name LOGAN, MIKE
Address 1450 OAKMONT PLACE
City-State-Zip: NICEVILLE FL 32578

Title TREASURER
Name SHARPE, JOE
Address 1241 SHIPLEY DRIVE
City-State-Zip: NICEVILLE FL 32578

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: JUDY FOREMAN

DIRECTOR

02/01/2017

Electronic Signature of Signing Officer/Director Detail

Date