

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15994

**FILED**  
**Jan 08, 2015**  
**Secretary of State**  
**CC9738387688**

**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:**

STROCK, ROBERT D JR.  
648 COUNTRY CLUB AVE  
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:** ROBERT D STROCK JR

01/08/2015

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            EX DIR  
Name            DAPOULOS, 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

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

**Continues on page 2**

*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:** ELAINE MANTHEY

**PRESIDENT**

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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