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: LYNNE LISTER

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N41097 Entity Name: FAMILY LIFE WORSHIP CHURCH, INC.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

18922 SPRING HOLLOW DR LUTZ. FL 33559

Current Mailing Address:

PO BOX 2300 LUTZ. FL 33548 US

FEI Number: 59-3043900

Name and Address of Current Registered Agent:

LISTER, LNNE D. 18922 SPRING HOLLOW DR LUTZ, FL 33559 US

PD

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:

Title

Name

Address 18922 SPRING HOLLOW DRIVE Address 12819 RETORIA CIRCLE City-State-Zip: TAMPA FL 33625 City-State-Zip: LUTZ FL 33559 Title TR LISTER, FERRELL W Name Address 18922 SPRING HOLLOW DRIVE LUTZ FL 33559 City-State-Zip:

PRESIDENT

Certificate of Status Desired: No

Mar 26, 2018 Secretary of State CC2399522059

Electronic Signature of Registered Agent **Officer/Director Detail :** Title SEC LISTER, LYNNE D Name WEST, DONNA

03/26/2018

Date

FILED

Date