

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90109 018 \*\*\*\*61.25

**DOCUMENT # N00000004849**

1. Entity Name

**FAMILY LIFE CENTER MINISTRIES, INC.**

Principal Place of Business

Mailing Address

5046 KEATON CREST DRIVE  
 ORLANDO FL 32837

5046 KEATON CREST DRIVE  
 ORLANDO FL 32837

101483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3664974

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TANNER, SAM E**  
 5046 KEATON CREST DRIVE  
 ORLANDO FL 32837

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME          | STREET ADDRESS          | CITY-ST-ZIP      | <input type="checkbox"/> Delete     |
|-------|---------------|-------------------------|------------------|-------------------------------------|
| D     | DEPASS, ICA   | 12527 BRITWELL COURT    | ORLANDO FL 32837 | <input type="checkbox"/>            |
| D     | O'DELL, SHAUN | 5614 DELANO LANE        | ORLANDO FL 32821 | <input type="checkbox"/>            |
| D     | TANNER, SAM   | 5046 KEATON CREST DRIVE | ORLANDO FL 32837 | <input type="checkbox"/>            |
| D     | TANNER, SUSAN | 5046 KEATON CREST DRIVE | ORLANDO FL 32837 | <input checked="" type="checkbox"/> |
| D     | WINSOR, GLEN  | 8143 GRANADA BOULEVARD  | ORLANDO FL 32836 | <input checked="" type="checkbox"/> |
|       |               |                         |                  | <input type="checkbox"/>            |

| TITLE    | NAME          | STREET ADDRESS  | CITY-ST-ZIP       | <input type="checkbox"/> Change | <input type="checkbox"/> Addition   |
|----------|---------------|-----------------|-------------------|---------------------------------|-------------------------------------|
|          |               |                 |                   | <input type="checkbox"/>        | <input type="checkbox"/>            |
| Director | Norman Lange  | 13537 Eyas Rd.  | Orlando, FL 32837 | <input type="checkbox"/>        | <input checked="" type="checkbox"/> |
| Director | Michael White | 1458 Welton Rd. | Orlando, FL 32837 | <input type="checkbox"/>        | <input checked="" type="checkbox"/> |
|          |               |                 |                   | <input type="checkbox"/>        | <input type="checkbox"/>            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *SIGNATURE REQUIRED* Sam Tanner

4/25/01 (407) 888-2526

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CRE037 (10/00)