

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91471 030 \*\*\*\*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**

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  Delete  
 NAME **D DEPASS, ICA**  
 STREET ADDRESS **12527 BRITWELL COURT**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE  Change  Addition  
 NAME **D LAWS, PATRICIA**  
 STREET ADDRESS **2374 WHISPERING MAPLE DRIVE**  
 CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE  Delete  
 NAME **D O'DELL, SHAUN**  
 STREET ADDRESS **5614 DELANO LANE**  
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE  Change  Addition  
 NAME **D O'DELL, DIANA**  
 STREET ADDRESS **3722 AHOYA LANE**  
 CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE  Delete  
 NAME **D TANNER, SAM**  
 STREET ADDRESS **5046 KEATON CREST DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D LANGE, NORMAN**  
 STREET ADDRESS **13537 EYAS RD.**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE  Change  Addition  
 NAME **D WINSOR, GLEN**  
 STREET ADDRESS **8143 GRANADA BLVD.**  
 CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE  Delete  
 NAME **D WHITE, MICHAEL**  
 STREET ADDRESS **1458 WELSON RD.**  
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **S/T RILEY, LISA**  
 STREET ADDRESS **11721 OXFORDSHIRE DL.**  
 CITY-ST-ZIP **ORLANDO, FL 32824**

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:

*Lisa Riley*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

Date

407-888-2526

Daytime Phone #

UBR00122

CR2E037 (9/01)