

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91886 033 \*\*\*\*61.25

**DOCUMENT # N00000004849**



1. Entity Name  
**FAMILY LIFE CENTER MINISTRIES, INC.**

Principal Place of Business  
**5046 KEATON CREST DRIVE  
ORLANDO FL 32837**

Mailing Address  
**5046 KEATON CREST DRIVE  
ORLANDO FL 32837**



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sam Tanner* **Sam Tanner**

**6/1/03**

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LAWS, PATRICIA</b>	
STREET ADDRESS	<b>2374 WHISPERING MAPLE DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>O'DELL, DIANA</b>	
STREET ADDRESS	<b>3722 AHOYA LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TANNER, SAM</b>	
STREET ADDRESS	<b>5046 KEATON CREST DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WINSOR, GLEN</b>	
STREET ADDRESS	<b>8143 GRANADA BLVD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32836</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WHITE, MICHAEL</b>	
STREET ADDRESS	<b>1458 WELSON RD.</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32837</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RILEY, LISA</b>	
STREET ADDRESS	<b>11721 OXFORDSHIRE PL</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Secretary/Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>→</b>	
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>James Grech</b>	
STREET ADDRESS	<b>13527 Texas Woods Circle</b>	
CITY-ST-ZIP	<b>Orlando FL 32824</b>	

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* **6/1/03 (407)888-2526**

CR2E037 (10/02)