

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004783

**FILED**  
**Apr 29, 2017**  
**Secretary of State**  
**CC4876356570**

**Entity Name:** FAMILY CONNECT LIFE INC

**Current Principal Place of Business:**

7969 PINEHURST DR  
SPRING HILL, FL 34606

**Current Mailing Address:**

7969 PINEHURST DR  
SPRING HILL, FL 34606

**FEI Number:** 20-3570186

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WILLIAMS, EDA  
7969PINEHURST DR  
SPRING HILL, FL 34606 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name FORRISTER, CHARMINE  
Address 88-26 210TH STREET  
City-State-Zip: QUEENS VILLAGE NY 11427

Title D  
Name WILLIAMS, EDA  
Address 1206 MUSCOVY DR  
City-State-Zip: SPRING HILL FL 34608

Title D  
Name WILLIAMS, JANET  
Address 163-27 130TH AVENUE  
1A  
City-State-Zip: JAMAICA NY 11434

*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:** EDA WILLIAMS

**OWNER**

**04/29/2017**

Electronic Signature of Signing Officer/Director Detail

Date