

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000009030

**Entity Name:** AMERICAN FAMILY LIFE EDUCATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

4521 PGA BLVD.  
#167  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

4521 PGA BLVD.  
#167  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** 47-2215133

**Certificate of Status Desired:** No

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

GLENN J. WEBBER, ESQ., P.A.  
101 S.E. OCEAN BOULEVARD  
STUART, FL 34994 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 P  
Name THOMAS, WOODIE H III  
Address 4521 PGA BLVD., #167  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP  
Name THOMAS, LISA MARIE  
Address 4521 PGA BLVD., #167  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title SEC  
Name WEBBER, GLENN J  
Address 101 SE OCEAN BLVD  
City-State-Zip: STUART FL 34994

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:** WOODIE THOMAS

**PRESIDENT**

**03/19/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date