FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

765839

(6)

DOCUMENT # 1. Corporation Name FAMILY LIFE ASSOCIATION FOR MINISTRY AND EDUCATI ON, INCORPORATED

Principal Place of Business

Mailing Address



3754 LOMA FARM ROAD TALLAHASSEE FL 32308		3754 LOMA FARM ROAD TALLAHASSEE FL 32308		Date Incorporated or Qualified 11/22/1982	3a. Date of Last Report 05/01/1995
2. Principal Pla	on of Duningna	2a. Mailing Address		4. FEI Number	Applied For
	8 Westmorland Dr			59-2322969	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State 23 Pallahassee, FL		28		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,	
- Zip - 2	Country	Zip	Country	8. This corporation has liability for in Florida Statutes	tangible tax under s. 199.032,
24 323			30	10. Name and Address of New Re	
	9. Name and Address of Current	Hegistereo Agent	81 Name		
			1.1.7	Donald A. Dunl	H1-7
DUNLAP	, DONALD A		82 Street Add	ress (P.O. Box Number is Not Acceptable	70 K
3754 LO	ma farm road		83	300 000 311101 1010	<u> </u>
TALLAH/	ASSEE FL 32308		63		
			84 City	Mabassaa	FL 85 Zip Code 34303
				ration submits this statement for the purport of directors. I hereby accept the appoint	ocea of changing its registered offi
or register familiar wit SIGNATURE	red agent, or both, in the State of Florid th, and accept the obligations of Section	a. Such change was authorized on 617,0503, Florida Statutes.	by the corporation's boa	Re 2/23/96 d when reinstalling	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	DUNLAP, DONALD A		1.2 NAME		
STREET ADDRESS	3754 LOMA FARM ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP		
TITLE	TD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EMHOF, LESLIE		2.2 NAME		
STREET ADDRESS	RT. 9 BOX 181		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		2. 4 C/TY - ST - ZIP		
THILE	SD	DELETÉ	3.1 TITLE		Change Addition
NAME	DICKINSON, BRENDA		3.2 NAME		
			3.3 STREET ADDRESS		
STREET ADDRESS	1429 HIGHLAND DR.				
CITY-ST-ZIP	TALLAHASSEE FL	DELETE	3.4 CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE		□DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME		□DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addition
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certify that the information indicated on this annual report or supplemental annual 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 12 or Block 18 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR