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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765839** (6)

1. Corporation Name

FAMILY LIFE ASSOCIATION FOR MINISTRY AND EDUCATION, INCORPORATED

Principal Place of Business

Mailing Address

**3628 WESTMORLAND DR
TALLAHASSEE FL 32303
US**

**3628 WESTMORLAND DR
TALLAHASSEE FL 32303
US**

3. Date Incorporated or Qualified

11/22/1982

4. FEI Number

59-2322969

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 SAME as above

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUNLAP, DONALD A
3628 WESTMORLAND DR
TALLAHASSEE FL 32303**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Donald A. Dunlap

2/5/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PD
DUNLAP, DONALD A
3754 LOMA FARM ROAD
TALLAHASSEE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**TD
EMHOF, LESLIE
RT. 9 BOX 181
TALLAHASSEE FL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

**SD
DICKINSON, BRENDA
1429 HIGHLAND DR.
TALLAHASSEE FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**

2.2 NAME ☐ Change ☐ Addition

14. 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 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 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald A. Dunlap *Donald A. Dunlap* 2/5/97 850-562-4583

CR2E037 (10/97)