

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765839

1. Corporation Name

FAMILY LIFE ASSOCIATION FOR MINISTRY AND EDUCATION, INCORPORATED

Principal Place of Business
326 WESTMORLAND DR
TALLAHASSEE FL 32303
US

Mailing Address
3626 WESTMORLAND DR
TALLAHASSEE FL 32303
US

FILED

99 DEC -6 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/22/1982	
21 Suite, Apt. #, etc.		28 Suite, Apt. #, etc.		4. FEI Number 50-2322869	
22 City & State		27 City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Country		29 Country		30	

8. Name and Address of Current Registered Agent

DUNLAP, DONALD A
3626 WESTMORLAND DR
TALLAHASSEE FL 32303

8459 Blountstown Hwy
Tallahassee, FL 32310

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 FL	86 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0603, Florida Statutes.

SIGNATURE

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

NOTE: Registered Agent signature required when submitting

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	DUNLAP, DONALD A	1.2 NAME	Donald A. Dunlap
STREET ADDRESS	3754 LOMA FARM ROAD	1.3 STREET ADDRESS	8459 Blountstown Highway
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32310
TITLE	TD	2.1 TITLE	
NAME	EMHOF, LESLIE	2.2 NAME	
STREET ADDRESS	RT. 9 BOX 181	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	DICKINSON, BRENDA	3.2 NAME	
STREET ADDRESS	1429 HIGHLAND DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

850-567-9795

KE