

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765839

FILED
Feb 18, 2006
Secretary of State

Entity Name: FAMILY LIFE ASSOCIATION FOR MINISTRY AND EDUCATION, INCORPORATED

Current Principal Place of Business:

2920 THORNCREST DR
ORANGE PARK, FL 32221 US

New Principal Place of Business:

2920 THORNCREST DR
ORANGE PARK, FL 32065 US

Current Mailing Address:

2920 THORNCREST DR
ORANGE PARK, FL 32065 US

New Mailing Address:

FEI Number: 59-2322969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DUNLAP, DONALD A DR.
2920 THORNCREST DR
ORANGE PARK, FL 32065 US

Name and Address of New Registered Agent:

DUNLAP, DEBRA A DR.
2920 THORNCREST DR
ORANGE PARK, FL 32065 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: DR. DEBRA A. DUNLAP

02/18/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PR () Delete
Name: DUNLAP, DONALD A
Address: 2920 THORNCREST DR
City-St-Zip: ORANGE PARK, FL 32065

Title: TD () Delete
Name: MANN, ALICE
Address: 109 E. ANN ST
City-St-Zip: VALDOSTA, GA 31601

Title: SD () Delete
Name: DICKINSON, BRENDA
Address: 1425 HIGHLAND DRIVE
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PR (X) Change () Addition
Name: DUNLAP, DEBRA A DR.
Address: 2920 THORNCREST DR
City-St-Zip: ORANGE PARK, FL 32065

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DR. DEBRA A. DUNLAP

PR

02/18/2006

Electronic Signature of Signing Officer or Director

Date