

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Jul 21 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L99204 (4)**  
 1. Corporation Name  
**FAMILY LIFE COUNSELING SERVICES, INC.**

Principal Place of Business <b>ROUTE 2 BOX 264                  HAWTHORNE FL 32640                  US</b>	Mailing Address <b>ROUTE 2 BOX 264                  HAWTHORNE FL 32640                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3600 N.W. 43RD ST.</b>		2a. Mailing Address <b>26 3600 N.W. 43RD ST.</b>		3. Date Incorporated or Qualified <b>09/07/1990</b>	3a. Date of Last Report <b>02/21/1996</b>
Suite, Apt. #, etc. <b>22 SUITE E-3</b>		Suite, Apt. #, etc. <b>27 SUITE E-3</b>		4. FEI Number <b>59-3028046</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23 GAINESVILLE, FL</b>		City & State <b>28 GAINESVILLE, FL</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24 32606</b>	Country <b>25 USA</b>	Zip <b>29 32606</b>	Country <b>30 USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>SIMPSON, DALE G                  4404 NW 38TH AVE                  GAINESVILLE FL 32606</b>				10. Name and Address of New Registered Agent	
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable) <b>3600 N.W. 43RD ST</b>	
B3 Suite, Apt. #, etc. <b>SUITE E-3</b>				B4 City <b>GAINESVILLE</b>	
B5 State <b>FL</b>				B6 Zip Code <b>32606</b>	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Dale Simpson* *DALE SIMPSON* *PRES.* *7-15-97*  
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 <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SIMPSON, DALE G</b>		1.2 NAME	
STREET ADDRESS <b>4404 NW 38TH AVE</b>		1.3 STREET ADDRESS	<b>221 LONG LAKE RD.</b>
CITY-ST-ZIP <b>GAINESVILLE FL</b>		1.4 CITY-ST-ZIP	<b>HAWTHORNE, FL 32640</b>
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUPERE, DAVID P</b>		2.2 NAME	
STREET ADDRESS <b>22 WATER TRACK COURT</b>		2.3 STREET ADDRESS	<b>193 HICKORY RD.</b>
CITY-ST-ZIP <b>OCALA FL 34472</b>		2.4 CITY-ST-ZIP	<b>OCALA, FL 34472</b>
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DUPERE, NANCY J</b>		3.2 NAME	
STREET ADDRESS <b>22 WATER TRACK COURT</b>		3.3 STREET ADDRESS	<b>193 HICKORY RD.</b>
CITY-ST-ZIP <b>OCALA FL 34472</b>		3.4 CITY-ST-ZIP	<b>OCALA, FL 34472</b>
TITLE <b>T</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SIMPSON, SUSAN S</b>		4.2 NAME	
STREET ADDRESS <b>ROUTE 2 BOX 264</b>		4.3 STREET ADDRESS	<b>221 LONG LAKE RD.</b>
CITY-ST-ZIP <b>HAWTHORNE FL 32640</b>		4.4 CITY-ST-ZIP	<b>HAWTHORNE, FL 32640</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Dale G Simpson* *DALE G. SIMPSON* *7/15/97* *352-391-9295*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

CR2E034 (4/97)