

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L99204

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: FAMILY LIFE COUNSELING SERVICES, INC.

## Current Principal Place of Business:

3515 SE 17 ST  
SUITE 102  
OCALA, FL 34471 US

## New Principal Place of Business:

## New Mailing Address:

## Current Mailing Address:

3515 SE. 17TH ST.  
SUITE 102  
OCALA, FL 34471 US

3515 SE 17 ST  
SUITE 102  
OCALA, FL 34471 US

FEI Number: 59-3028046

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SIMPSON, DALE G  
3515 SE. 17TH ST.  
OCALA, FL 34471 US

## Name and Address of New Registered Agent:

SIMPSON, DALE G  
3515 SE. 17TH ST.  
SUITE 102  
OCALA, FL 34471 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: DALE G. SIMPSON

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SIMPSON, DALE G,  
Address: 3515 SE 17TH STREET #102  
City-St-Zip: OCALA, FL 34471

Title: VP ( ) Delete  
Name: DUPERE, DAVID P  
Address: 3515 SE 17TH STREET #102  
City-St-Zip: OCALA, FL 34471

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: SIMPSON, DALE G,  
Address: 3515 SE 17TH STREET #102  
City-St-Zip: OCALA, FL 34471 US

Title: VP (X) Change ( ) Addition  
Name: DUPERE, DAVID P  
Address: 3515 SE 17TH STREET #102  
City-St-Zip: OCALA, FL 34471 US

Title: TRES ( ) Change (X) Addition  
Name: SIMPSON, MARY E  
Address: 3515 SE 17TH STREET #102  
City-St-Zip: OCALA, FL 34471 US

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE G. SIMPSON

PRES

03/20/2009

Electronic Signature of Signing Officer or Director

Date