

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L99204

FILED  
Jan 05, 2010  
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:**

**Current Mailing Address:**

3515 SE 17 ST  
SUITE 102  
OCALA, FL 34471 US

**New Mailing Address:**

**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.  
SUITE 102  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SIMPSON, DALE G  
Address: 3515 SE 17TH STREET #102  
City-St-Zip: Ocala, FL 34471 US

Title: VP  
Name: DUPERE, DAVID P  
Address: 3515 SE 17TH STREET #102  
City-St-Zip: Ocala, FL 34471 US

Title: TRES  
Name: SIMPSON, MARY E  
Address: 3515 SE 17TH STREET #102  
City-St-Zip: Ocala, FL 34471 US

I hereby 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 all other like empowered.

SIGNATURE: DALE G SIMPSON

PD

01/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date