

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L99204

FILED
Jan 16, 2012
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

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 SIMPSON

PD

01/16/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date