2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 11, 2001 8:00 am³ Secretary of State DOCUMENT # N0000004849 1. Entity Name FAMILY LIFE CENTER MINISTRIES, INC. 05-11-2001 90109 018 ****61.25 Principal Place of Business Mailing Address **5046 KEATON CREST DRIVE** 5046 KEATON CREST DRIVE 101483 ORLANDO FL 32837 ORLANDO FL 32837 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59.3664974 Not Applicable \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) TANNER, SAM E **5046 KEATON CREST DRIVE** ORLANDO FL 32837 Zip Code City 8. 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition Change TITLE Delete TITLE NAME DEPASS, ICA NAME STREET ADDRESS STREET ADDRESS 12527 BRITWELL COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 Change ☐ Addition TITLE Delete TITLE NAME NAME O'DELL, SHAUN STREET ADDRESS STREET ADDRESS 5614 DELANO LANE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32821 □ Change ∴ □ Addition - -- Delete TETLE TITLE TANNER, SAM NAME NAME STREET ADDRESS STREET ADDRESS **5046 KEATON CREST DRIVE** CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 Change Addition Director 🔽 Delete TITLE TITLE Norman Lange NAME TANNER, SUSAN 13537 Eyas Rd. STREET ADDRESS STREET ADDRESS **5046 KEATON CREST DRIVE** CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32837 ORLANDO FL 32837 Director Change **X** Addition TITLE Delete michael white NAME WINSOR, GLEN NAME 1458 Welson Pd. STREET ADDRESS STREET ADDRESS 8143 GRANADA BOULEVARD CITY-ST-ZIP CITY-ST-ZIP Orlando, FL 32837 ORLANDO FL 32836 TITLE Change ☐ Addition TITLE ☐ Delete

12. I 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

RECOMPEDSAM Tanner

4/25/01