

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91471 030 ****61.25

DOCUMENT # N00000004849

1. Entity Name

FAMILY LIFE CENTER MINISTRIES, INC.

Principal Place of Business

Mailing Address

**5046 KEATON CREST DRIVE
 ORLANDO FL 32837**

**5046 KEATON CREST DRIVE
 ORLANDO FL 32837**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3664974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**TANNER, SAM E
 5046 KEATON CREST DRIVE
 ORLANDO FL 32837**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **DEPASS, ICA**
 STREET ADDRESS **12527 BRITWELL COURT**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☐ Change ☒ Addition
 NAME **LAWS, PATRICIA**
 STREET ADDRESS **2374 WHISPERING MAPLE DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **D** ☒ Delete
 NAME **O'DELL, SHAUN**
 STREET ADDRESS **5614 DELANO LANE**
 CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **D** ☐ Change ☒ Addition
 NAME **O'DELL, DIANA**
 STREET ADDRESS **3722 AHOYA LANE**
 CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **D** ☐ Delete
 NAME **TANNER, SAM**
 STREET ADDRESS **5046 KEATON CREST DRIVE**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **LANGE, NORMAN**
 STREET ADDRESS **13537 EYAS RD.**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **D** ☐ Change ☒ Addition
 NAME **WINSOR, GLEN**
 STREET ADDRESS **8143 GRANADA BLVD.**
 CITY-ST-ZIP **ORLANDO, FL 32836**

TITLE **D** ☐ Delete
 NAME **WHITE, MICHAEL**
 STREET ADDRESS **1458 WELSON RD.**
 CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S/T** ☐ Change ☒ Addition
 NAME **RILEY, LISA**
 STREET ADDRESS **11721 OXFORDSHIRE DL.**
 CITY-ST-ZIP **ORLANDO, FL 32824**

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.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

Date

407-888-2526

Daytime Phone #

CR2E037 (9/01)