

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006564

**FILED**  
**Apr 29, 2007**  
**Secretary of State**

**Entity Name:** AP FAMILY LIFE EDUCATIONAL COUNSELING SVS, INC.

**Current Principal Place of Business:**

2700 LISEBY AVE  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 977  
PANAMA CITY, FL 32402

**New Mailing Address:**

**FEI Number:** 83-0367232      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PEMBLETON, ANITA  
4346 SINGER ROAD  
YOUNGSTOWN, FL 32466      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: PCEO      ( ) Delete  
Name: PEMBLETON, ANITA  
Address: P.O. BOX 977  
City-St-Zip: PANAMA CITY, FL 32402

Title: VP      ( ) Delete  
Name: PEMBLETON, ISHAMEL  
Address: P.O. BOX 977  
City-St-Zip: PANAMA CITY, FL 32402

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA PEMBLETON

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04/29/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date