

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004838

FILED
Apr 30, 2008
Secretary of State

Entity Name: FAMILY LIFE CENTER, INC.

Current Principal Place of Business:

7205 SW 125 AVE
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

7205 SW 125 AVE
MIAMI, FL 33183

New Mailing Address:

FEI Number: 20-2991706 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, ESPERANZA
15659 SW 73 CIRCLE TERRACE
511
MIAMI, FL 33193 US

Name and Address of New Registered Agent:

MARTINEZ, ESPERANZA
9715 HAMMOCKS BLVD
108
MIAMI, FL 33196 US

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: ESPERANZA MARTINEZ

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASTRO, EDWIN L
Address: 4868 NW 108 COURT
City-St-Zip: DORAL, FL 33178

Title: D () Delete
Name: LOPEZ, ANGELA
Address: 6142 NW 115TH PLACE #313
City-St-Zip: DORAL, FL 33178

Title: D () Delete
Name: STAPEL, GERALD
Address: 16473 SW 99TH STREET
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: MARTINEZ, ESPERANZA
Address: 15659 SW 73 CIRCLE TERRACE
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: MARTINEZ, ESPERANZA
Address: 9715 HAMMOCKS BLVD, #108
City-St-Zip: MIAMI, FL 33196

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: ESPERANZA MARTINEZ

D

04/30/2008

Electronic Signature of Signing Officer or Director

Date