

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010672

FILED
Mar 14, 2006
Secretary of State

Entity Name: FAMILY LIFE MINISTRIES, INC.

Current Principal Place of Business:

13125 SE CR 25
OCKLAWAHA, FL 32179

New Principal Place of Business:

Current Mailing Address:

11848 SE 71ST AVENUE ROAD
BELLEVIEW, FL 34420

New Mailing Address:

FEI Number: 57-1195443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUSTICE FOR ALL FL, LLC
10117 S US HWY 441
BELLEVIEW, FL 34420 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: P () Delete
Name: SCHWAB, JAY B
Address: 13125 SE CR 25
City-St-Zip: OCKLAWAHA, FL 32179

Title: P () Delete
Name: DEBELL, JOHN H
Address: 13125 SE CR 25
City-St-Zip: OCKLAWAHA, FL 32179

Title: P () Delete
Name: JOHNSON, PAUL E
Address: 13125 SE CR 25
City-St-Zip: OCKLAWAHA, FL 32179

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAY B. SCHWAB

P

03/14/2006

Electronic Signature of Signing Officer or Director

Date