



# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 03, 2007 8:00 am**  
**Secretary of State**

08-03-2007 90019 012 \*\*\*\*70.00

<b>DOCUMENT # N06000009011</b> 1. Entity Name <b>FAMILY LIFE CENTER ECONOMIC DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>4058 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207</b>			Mailing Address <b>4058 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
					
05152007    Chg-NP    CR2E037 (12/06)					
4. FEI Number <b>205496572</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SWINSON, JOHNNIE DR 4058 ST. AUSTINE ROAD JACKSONVILLE, FL 32207</b>			7. Name and Address of New Registered Agent Name <b>JAMES W. SWINSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>4058 ST AUGUSTINE ROAD</b> <b>Jacksonville FL</b> City <b>FL</b> Zip Code <b>32207</b>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SWINSON, JAMES</b> <b>4058 ST. AUGUSTINE ROAD</b> <b>JACKSONVILLE, FL 32207</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>SWINSON, JOHNNIE DR</b> <b>4058 ST. AUGUSTINE ROAD</b> <b>JACKSONVILLE, FL 32207</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC</b> <b>SWINSON, MARIE</b> <b>631 IZLAR STREET</b> <b>WAYCROSS, GA 31501</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <b>JAMES W. SWINSON</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>05-16-07</b> <b>904</b> Date    Daytime Phone #			