


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000009011

1. Entity Name
FAMILY LIFE CENTER ECONOMIC DEVELOPMENT CORPORATION



Principal Place of Business 4058 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207	Mailing Address 4058 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207
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02262008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-5496572	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SWINSON, JAMES W
 4058 ST. AUSTINE ROAD
 JACKSONVILLE, FL 32207**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee Is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SWINSON, JAMES 4058 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SWINSON, JOHNNIE DR 4058 ST. AUGUSTINE ROAD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ADAMSON, RUBY N 4058 ST AUGUSTINE JACKSONVILLE, FL 32207
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 05/21/08-80117-013 61.25

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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: James W. Swinson 02-27-08 904-391-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #