

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006463

FILED
Apr 30, 2009
Secretary of State

Entity Name: FAMILY AND LIFE CONNECTION NETWORK, INC.

Current Principal Place of Business:

5105 N US HWY 441
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

5105 N US HWY 441
OCALA, FL 34475

New Mailing Address:

FEI Number: 83-0485641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TUGGERSON, BERNARD
5105 N US HWY 441
OCALA, FL 34475 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: TUGGERSON, BERNARD
Address: 5105 N US HWY 441
City-St-Zip: Ocala, FL 34475

Title: V () Delete
Name: TUGGERSON, LILLIE
Address: 5105 N US HWY 441
City-St-Zip: Ocala, FL 34475

Title: S () Delete
Name: PERRY, LORENA
Address: 5475 NW 9TH PLACE
City-St-Zip: Ocala, FL 34475

Title: A () Delete
Name: SURMONS, ELVIRA
Address: 5105 N US HWY 441
City-St-Zip: Ocala, FL 34475

Title: D () Delete
Name: TURNER, VERA
Address: 5740 NW 65TH PLACE
City-St-Zip: Ocala, FL 34482

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: () 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: ELVIRA SURMONS

ADM

04/30/2009

Electronic Signature of Signing Officer or Director

Date