

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004023

FILED
Sep 03, 2009
Secretary of State

Entity Name: FAMILY LIFE COMMUNITY DEVELOPMENT CORPORATION, INC.

Current Principal Place of Business:

1253 S.W. SAN ESTEBAN AVE
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

1253 S.W. SAN ESTEBAN AVE
SUITE BOX 1
PORT SAINT LUCIE, FL 34953

Current Mailing Address:

1253 S.W. SAN ESTEBAN AVE
PORT SAINT LUCIE, FL 34953

New Mailing Address:

P.O. BOX 880093
PORT SAINT LUCIE, FL 34984

FEI Number: 80-0293958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

GAYLE, DARREN D
1253 S.W. SAN ESTEBAN AVE
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

GAYLE, SUZETTE I
1253 S.W. SAN ESTEBAN AVE
PORT SAINT LUCIE, FL 34953 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: SUZETTE GAYLE

09/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GAYLE, DARREN D
Address: 1253 S.W. SAN ESTEBAN AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: P () Delete
Name: GAYLE, SUZETTE I
Address: 1253 S.W. SAN ESTEBAN AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: SMITH, BARRY
Address: 781 S.W. CURRY STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: SHANNON, MATTIE R
Address: 1009 A-3 GREEN PINE BLVD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T (X) Delete
Name: CARTER, BYRON
Address: 5225 N.W. IREDELL STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D (X) Delete
Name: GERALD, SARAH
Address: 2779 S.E. RAWLING ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: GAYLE, SUZETTE I CEO
Address: P.O. BOX 880093
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: VP, D (X) Change () Addition
Name: GAYLE, DARREN D
Address: P.O. BOX 880093
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: T, D (X) Change () Addition
Name: WRIGHT, CHRISTOPHER K
Address: 1204 SW LIVE OAK COVE
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S (X) Change () Addition
Name: DUNCAN, CHRISTOPHER L
Address: 997 ALTAMIRA STREET
City-St-Zip: PALM BAY, FL 32907

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: SUZETTE I. GAYLE

PRES

09/03/2009

Electronic Signature of Signing Officer or Director

Date