

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004023

FILED  
May 09, 2010  
Secretary of State

**Entity Name:** FAMILY LIFE COMMUNITY DEVELOPMENT CORPORATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 80-0293958      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
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:**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

**Title:** VP,D  
**Name:** GAYLE, DARREN D  
**Address:** P.O. BOX 880093  
**City-St-Zip:** PORT SAINT LUCIE, FL 34984

I hereby 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 all other like empowered.

SIGNATURE: SUZETTE I. GAYLE

P, D

05/09/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date