

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009836

FILED
Jan 05, 2011
Secretary of State

Entity Name: FAMILY LIFE CLINICS, INC.

Current Principal Place of Business:

2014 MIDYETTE RD #204
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

2014 MIDYETTE RD #204
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 26-3546737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELEKES, ANDREW
2014 MIDYETTE RD #204
TALLAHASSEE, FL 32301 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
Name: ELEKES, ANDREW
Address: 2014 MIDYETTE RD #204
City-St-Zip: TALLAHASSEE, FL 32301

Title: S
Name: BOND, CATHY
Address: 2057 WEST FOREST DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP
Name: ASHLEY, ANN
Address: 4287 FOUR OAKS BLVD.
City-St-Zip: TALLAHASSEE, FL 32311

Title: T
Name: VAN GUYSE, EDMOND
Address: 2025 SHERMAN AVE. #409
City-St-Zip: EVANSTOWN, IL 60201

Title: D
Name: ELEKES, KASSANRA
Address: 2014 MIDYETTE RD. #204
City-St-Zip: TALLHASSEE, FL 32301

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: ANDREW J ELEKES

P

01/05/2011

Electronic Signature of Signing Officer or Director

Date