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DIVISION OF CORPORATIONS
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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15994 (9)

1. Corporation Name
FAMILY LIFE CENTER F.W.B., INC.

Principal Place of Business Mailing Address
1007 GOSPEL ROAD 1007 GOSPEL ROAD
FT. WALTON BEACH FL 32547-1247 FT. WALTON BEACH FL 32547-1247

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
07/22/1986 04/15/1994

4. FEI Number Applied For
59-2693086 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. 26.

Suite, Apt. #, etc. Suite, Apt. #, etc.

22. 27.

City & State City & State

23. 28.

Zip Country Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

GRABO, JAMES J.
52 CINDERELLA LANE
FT WALTON BCH FL 32548

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City 85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when nonstatutory)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRABO, JAMES J.	1.2 NAME	
STREET ADDRESS	52 CINDERELLA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BCH FL	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOYD, PHILIP R.	2.2 NAME	
STREET ADDRESS	1007 GOSPEL RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, PATRICIA B.	3.2 NAME	
STREET ADDRESS	1883 DAD'S RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSH, PAULA R	4.2 NAME	
STREET ADDRESS	203 BRADLEY ST	4.3 STREET ADDRESS	D KUSS, CHARLOTTE
CITY-ST-ZIP	FT. WALTON BEACH FL	4.4 CITY-ST-ZIP	87 NINTH STREET SHALIMAR, FL
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Patricia B Young* *Patricia B Young*

3-8-95

904-863-1323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #