

DOCUMENT # N15994

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

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90018 016 ****61.25



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-2693086 Not Applicable

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

6. Name and Address of Current Registered Agent
GRABO, JAMES J.
1146 WHITSHIRE LANE
FT WALTON BCH FL 32548

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PDE	<input type="checkbox"/> Delete
NAME	GRABO, JAMES J.	
STREET ADDRESS	1146 WHITSHIRE LANE	
CITY-ST-ZIP	FT WALTON BCH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LOYD, PHILIP R.	
STREET ADDRESS	1007 GOSPEL RD	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	YOUNG, PATRICIA B.	
STREET ADDRESS	222 YACHT CLUB DR	
CITY-ST-ZIP	NICEVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-03-01 (850) 863-1323
Date Daytime Phone #

CR2E037 (10/00)