

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15994

FILED
Feb 20, 2006
Secretary of State

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

Current Principal Place of Business:

1007 GOSPEL ROAD
FT. WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

PO BOX 250
FT. WALTON BEACH, FL 32549

New Mailing Address:

FEI Number: 59-2693086

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRABO, JAMES J
1186 WHITSHIRE LANE
FT WALTON BCH, FL 32547 US

Name and Address of New Registered Agent:

ANDERSON, CHERIE L PRES
1009 LAKE DRIVE
NICEVILLE, FL 32578 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: CHERIE L. ANDERSON

02/20/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDE () Delete
Name: GRABO, JAMES J
Address: 1186 WHITSHIRE LANE
City-St-Zip: FT WALTON BCH, FL 32547

Title: STD () Delete
Name: YOUNG, PATRICIA B
Address: 222 YACHT CLUB DR
City-St-Zip: NICEVILLE, FL 32578

Title: VPD () Delete
Name: GLENN, JOSEPH G
Address: 235 YACHT CLUB DRIVE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ANDERSON, CHERIE L
Address: 1009 LAKE DRIVE
City-St-Zip: NICEVILLE, FL 32578

Title: STD (X) Change () Addition
Name: KETCHUM, MARK SEC./TR
Address: 50 COUNTRY CLUB DRIVE
City-St-Zip: SHALIMAR,, FL 32579

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CHERIE L. ANDERSON

PRES

02/20/2006

Electronic Signature of Signing Officer or Director

Date