

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15994

FILED
Feb 16, 2009
Secretary of State

Entity Name: FAMILY LIFE MINISTRIES OF N.W. FL., 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 WITSHIRE COURT
FORT WALTON BEACH, FL 32547 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: PRES () Delete
Name: GRABO, JAMES J
Address: 1186 WITSHIRE COURT
City-St-Zip: FORT WALTON BEACH,, FL 32547

Title: SEC () Delete
Name: MANTHEY, ELAINE
Address: 1476 EMERALD BAY DRIVE
City-St-Zip: DESTIN, FL 32550

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

Title: TRES () Delete
Name: KUSS, KIT
Address: 1195 BAYSHORE DRIVE
City-St-Zip: VALPARAISO, FL 32580

Title: EXDR () Delete
Name: STROCK, JR, ROBERT D
Address: 648 COUNTRY CLUB AVE.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: DIR () Delete
Name: GRABO, KATHY
Address: 1186 WITSHIRE COURT
City-St-Zip: FORT WALTON BEACH,, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES J GRABO

PRES

02/16/2009

Electronic Signature of Signing Officer or Director

Date