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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000219 (7)
 1. Corporation Name
FAMILY LIFE CENTER INTERNATIONAL, INC.



Principal Place of Business 650 GATES AVE. PORT CHARLOTTE FL 33952	Mailing Address P.O. BOX 6060 PORT CHARLOTTE FL 33949-6060
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3. Date Incorporated or Qualified 11/02/1992	3a. Date of Last Report 02/29/1996
4. FEI Number 65-0368234	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 3872 Tamiami Trail	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Unit C	Suite, Apt. #, etc. 27
23 City & State Port Charlotte FL	28 City & State
24 Zip 33952 25 Country USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

WOOD, STEPHEN D
650 GATES AVE.
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name Stephen D. Wood
82 Street Address (P.O. Box Number is Not Acceptable) 3872 Tamiami Trail Unit C
83
84 City Port Charlotte **85 State** FL **86 Zip Code** 33952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: (Stephen D. Wood, President) *Stephen D. Wood* **DATE:** 4-7-97

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WOOD, STEPHEN D	
STREET ADDRESS	3439 MELISSA COURT	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BURNHAM, JAMES	
STREET ADDRESS	1808 CAMINA PLACE	
CITY-ST-ZIP	FARMINGTON NM	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	JAQUITH, MICHAEL	
STREET ADDRESS	401 HANCHEY DR.	
CITY-ST-ZIP	NOKOMIS FL 34275	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *Stephen D. Wood* **DATE:** 4-7-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037451

CR2E037 (9/96)