

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000003843

1. Entity Name
FAMILY LIFE RESOURCES, INC.



Principal Place of Business

**5802 E FOWLER AVE
SUITE D
TAMPA, FL 33617 US**

Mailing Address

**5802 E FOWLER AVE
SUITE D
TAMPA, FL 33617 US**



07032006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3333002

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DILLMAN, RICHARD A
5802 E FOWLER AVE
SUITE D
TAMPA, FL 33617**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DILLMAN, RICHARD A
STREET ADDRESS	17835 PINE KNOLL DR.
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	STVD
NAME	DILLMAN, MARY K
STREET ADDRESS	17835 PINE KNOLL DR
CITY-ST-ZIP	DADE CITY, FL 33523
TITLE	D
NAME	SHAMSLIN, GLEN
STREET ADDRESS	7906 HOFI PLACE
CITY-ST-ZIP	TAMPA, FL 33634
TITLE	D
NAME	HITCHCOCK, SCOTT
STREET ADDRESS	17827 GREEN WILLOW DRIVE
CITY-ST-ZIP	TAMPA, FL 33647
TITLE	D
NAME	WILLIAMS, BRENT
STREET ADDRESS	22330 WILLOW LAKES DRIVE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000568407
07/11/06-80024-011 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/3/06 (813) 989-1900