

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90100 030 ****70.00

DOCUMENT # N95000003843

1. Entity Name
FAMILY LIFE RESOURCES, INC.



40076743

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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

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. 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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME DILLMAN, RICHARD A
STREET ADDRESS 17835 PINE KNOLL DR.
CITY-ST-ZIP DADE CITY, FL 33523 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STVD
NAME DILLMAN, MARY K
STREET ADDRESS 17835 PINE KNOLL DR
CITY-ST-ZIP DADE CITY, FL 33523 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SHAMSLER, GLEN
STREET ADDRESS 7906 HOFI PLACE
CITY-ST-ZIP TAMPA, FL 33634 ☐ Delete

TITLE D
NAME SHAMSLER, GLEN
STREET ADDRESS 4520 PINE HOLLOW DR.
CITY-ST-ZIP TAMPA, FL 33624 ☒ Change ☐ Addition

TITLE D
NAME HITCHCOCK, SCOTT
STREET ADDRESS 17827 GREEN WILLOW DRIVE
CITY-ST-ZIP TAMPA, FL 33647 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME WILLIAMS, BRENT
STREET ADDRESS 22330 WILLOW LAKES DRIVE
CITY-ST-ZIP LUTZ, FL 33549 ☐ Delete

TITLE D
NAME WILLIAMS, BRENT
STREET ADDRESS 288 CRYSTAL GROVE BLVD.
CITY-ST-ZIP LUTZ, FL 33548 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME GALLOWAY, RICHARD P.
STREET ADDRESS 1908 CARRIAGE COURT CIRCLE
CITY-ST-ZIP PLANT CITY, FL 33566 ☐ Change ☒ Addition

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

RICHARD A. DILLMAN

4/12/2007

Date

(813) 989-1900

Daytime Phone #