

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90078 042 ****70.00

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		
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	4. FEI Number 59-3333002	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$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			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete	TITLE DIRECTOR	NAME PAUL R. LANCASTER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 17835 PINE KNOLL DR.	CITY-ST-ZIP DADE CITY, FL 33523		STREET ADDRESS 508 PINEWALK DR.	CITY-ST-ZIP BRANDON, FL 33510	
TITLE STVD	NAME DILLMAN, MARY K	<input type="checkbox"/> Delete	TITLE DIRECTOR	NAME JEFF WILLIAMS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 17835 PINE KNOLL DR	CITY-ST-ZIP DADE CITY, FL 33523		STREET ADDRESS 12703 RAIN FOREST ST.	CITY-ST-ZIP TEMPLE TERRACE, FL 33617	
TITLE D	NAME SHAMBLIN, GLEN	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4520 PINE HOLLOW DR	CITY-ST-ZIP TAMPA, FL 33624		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME HITCHCOCK, SCOTT	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 17827 GREEN WILLOW DRIVE	CITY-ST-ZIP TAMPA, FL 33647		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME WILLIAMS, BRENT	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 288 CRYSTAL GROVE BLVD	CITY-ST-ZIP LUTZ, FL 33548		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME GALLOWAY, RICHARD P	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1908 CARRIAGE CT CIR	CITY-ST-ZIP PLANT CITY, FL 33566		STREET ADDRESS 	CITY-ST-ZIP 	
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:			RICHARD A. DILLMAN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 1/29/2008 Daytime Phone #: (813) 989-1900		