

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003843

FILED
Mar 26, 2009
Secretary of State

Entity Name: FAMILY LIFE RESOURCES, INC.

Current Principal Place of Business:

5802 E FOWLER AVE
SUITE D
TAMPA, FL 33617 US

New Principal Place of Business:

Current Mailing Address:

5802 E FOWLER AVE
SUITE D
TAMPA, FL 33617 US

New Mailing Address:

FEI Number: 59-3333002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DILLMAN, RICHARD A
5802 E FOWLER AVE
SUITE D
TAMPA, FL 33617 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: PD () Delete
Name: DILLMAN, RICHARD A
Address: 17835 PINE KNOLL DR.
City-St-Zip: DADE CITY, FL 33523

Title: STVD () Delete
Name: DILLMAN, MARY K
Address: 17835 PINE KNOLL DR
City-St-Zip: DADE CITY, FL 33523

Title: D () Delete
Name: SHAMBLEN, GLEN
Address: 4520 PINE HOLLOW DR
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: HITCHCOCK, SCOTT
Address: 17827 GREEN WILLOW DRIVE
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: WILLIAMS, BRENT
Address: 288 CRYSTAL GROVE BLVD
City-St-Zip: LUTZ, FL 33548

Title: D () Delete
Name: GALLOWAY, RICHARD P
Address: 1908 CARRIAGE CT CIR
City-St-Zip: PLANT CITY, FL 33566

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
Name:
Address:
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: RICHARD A. DILLMAN

PD

03/26/2009

Electronic Signature of Signing Officer or Director

Date