## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000003843

FILED Apr 08, 2010 Secretary of State

Entity Name: FAMILY LIFE RESOURCES, INC.

Current Principal Place of Business: New Principal Place of Business:

5802 E FOWLER AVE SUITE D

TAMPA, FL 33617 US

Current Mailing Address: New Mailing Address:

5802 E FOWLER AVE SUITE D TAMPA, FL 33617 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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

Name: DILLMAN, RICHARD A Address: 17835 PINE KNOLL DR. City-St-Zip: DADE CITY, FL 33523

Title: STVD

Name: DILLMAN, MARY K
Address: 17835 PINE KNOLL DR
City-St-Zip: DADE CITY, FL 33523

Title:

Name: SHAMBLEN, GLEN
Address: 4520 PINE HOLLOW DR
City-St-Zip: TAMPA, FL 33624

Title: D

Name: HITCHCOCK, SCOTT

Address: 17827 GREEN WILLOW DRIVE

City-St-Zip: TAMPA, FL 33647

Title:

Name: WILLIAMS, BRENT

Address: 288 CRYSTAL GROVE BLVD

City-St-Zip: LUTZ, FL 33548

Title: [

Name: GALLOWAY, RICHARD P Address: 1908 CARRIAGE CT CIR City-St-Zip: PLANT CITY, FL 33566

I hereby 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 all other like empowered.

SIGNATURE: RICHARD A. DILLMAN PRES 04/08/2010