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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005508 (4)
1. Corporation Name
FAMILY LIFE FOUNDATIONS, INC.



Principal Place of Business: 1221 W LEE ROAD SUITE 200 ORLANDO FL 32825
Mailing Address: P O BOX 145 ORANGE CITY FL 32774 US

3. Date Incorporated or Qualified: 10/28/1996
4. FEI Number: 59-3427709 APPLIED FOR
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 2772 N. THORPE AVE. 26
Suite, Apt. #, etc.:
City & State: 23 Orange City, FL
Zip: 24 32763 Country: 25 USA
2a. Mailing Address: 27
Suite, Apt. #, etc.:
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
POIRIER, EDWARD H
1221 WEST LEE ROAD
SUITE 200
ORLANDO FL 32810

10. Name and Address of New Registered Agent
81 Name: Edward H. Poitiet
82 Street Address (P.O. Box Number is Not Acceptable):
83 2772 N. Thorpe Ave.
84 City: Orange City FL 85 Zip Code: 32763

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Edward H. Poitiet Edward H. Poirier DATE:

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	POIRIER, EDWARD H PASTOR	
STREET ADDRESS	1221 WEST LEE RD., SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TORRES, ANGEL	
STREET ADDRESS	9358 DEARMONT AVE.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POIRIER, KEYLA	
STREET ADDRESS	1221 WEST LEE RD., SUITE 200	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Director Andrew Danson	
1.3 STREET ADDRESS	10 Raintree Ct.	
1.4 CITY-ST-ZIP	Ormond Bch. FL 32174	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward H. Poirier Edward H. Poitiet 904 851-0846

CR2E037 (10/97)