

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90001 012 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N96000005508**

1. Corporation Name  
**FAMILY LIFE FOUNDATIONS, INC.**

Principal Place of Business  
 2772 N THORPE AVE  
 ORANGE CITY FL 32763  
 US

Mailing Address  
 P O BOX 145  
 ORANGE CITY FL 32774  
 US



21	2425 S. Volusia	26		3.	10/28/1996
22	Unit B-4	27		4.	59-3427709
23	Orange City	28		5.	<input type="checkbox"/> \$8.75 Additional Fee Required
24	32763	29	U.S.A.	6.	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POIRIER, EDWARD H 2772 N THORPE AVE ORANGE CITY FL 32763		81 Name	Edward H. Poirier
		82 Street Address (P.O. Box Number is Not Acceptable)	795 E. Lansdowne Ave.
		83	
		84 City	Orange City FL 32774

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. Poirier DATE 7-4-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D POIRIER, EDWARD H PASTOR <input type="checkbox"/> DELETE	1.1 TITLE	Poirier, Edward H. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POIRIER, EDWARD H PASTOR	1.2 NAME	2425 S. Volusia Ave.
STREET ADDRESS	1221 WEST LEE RD., SUITE 200	1.3 STREET ADDRESS	Unit B-4
CITY-ST-ZIP	ORLANDO FL 32810	1.4 CITY-ST-ZIP	Orange City, FL 32763
TITLE	D DOMSON, ANDREW <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Osborne, Patrick <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOMSON, ANDREW	2.2 NAME	51 Main St. Apt. B
STREET ADDRESS	10 RAIN TREE CT	2.3 STREET ADDRESS	Enterprise, FL 32725
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.4 CITY-ST-ZIP	
TITLE	D POIRIER, KEYLA <input type="checkbox"/> DELETE	3.1 TITLE	Poirier, Keyla A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POIRIER, KEYLA	3.2 NAME	795 E. Lansdowne Ave.
STREET ADDRESS	1221 WEST LEE RD., SUITE 200	3.3 STREET ADDRESS	Orange City, FL 32763
CITY-ST-ZIP	ORLANDO FL 32810	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Edward H. Poirier DATE 7-4-99 DAYTIME PHONE # 904-851-0846  
Signature and typed or printed name of signing officer or director

CR2E037 (5/99)