

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

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DOCUMENT # N96000005508

1. Entity Name

FAMILY LIFE FOUNDATIONS, INC.

03-14-2001 90506 047 ****61.25

Principal Place of Business

Mailing Address

2425 S VOLUSIA
 UNIT B-4
 ORANGE CITY FL 32763
 US

P O BOX 145
 ORANGE CITY FL 32774
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3427709

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POIRIER, EDWARD H
795 E LANSDOWNE AVE
ORANGE CITY FL 32774

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D** Delete
 NAME: **POIRIER, EDWARD H PASTOR**
 STREET ADDRESS: **2425 S VOLUSIA AVE, UNIT B-4**
 CITY-ST-ZIP: **ORANGE CITY FL 32763**

TITLE: Change Addition
 NAME: **D Osborne, Patrick** Change Addition
 STREET ADDRESS: **1153 Ring St.**
 CITY-ST-ZIP: **Deltana, FL 32725**

TITLE: **D** Delete
 NAME: **OSBORNE, PATRICK**
 STREET ADDRESS: **51 MAIN ST, APT B**
 CITY-ST-ZIP: **ENTERPRISE FL 32725**

TITLE: Change Addition
 NAME: **POIRIER, KEYLA A**
 STREET ADDRESS: **795 E LANSDOWNE AVE**
 CITY-ST-ZIP: **ORANGE CITY FL 32763**

TITLE: Delete
 NAME: **POIRIER, KEYLA A**
 STREET ADDRESS: **795 E LANSDOWNE AVE**
 CITY-ST-ZIP: **ORANGE CITY FL 32763**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: Delete
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TITLE: Delete
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TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

12. 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 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: *Edmond R. [Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-01 904-851-0846

CR2E037 (10/00)