

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91521 027 ****70.00

DOCUMENT # NA00000005508 ✓
1. Entity Name
Family Life Foundations
Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2425 S. Volusia</u>		3. Mailing Address <u>P.O. Box 740145</u>	
Suite, Apt. #, etc. <u>Unit # B-4</u>		Suite, Apt. #, etc. <u>Orange City</u>	
City & State <u>Orange City, FL</u>		City & State <u>Florida</u>	
Zip <u>32763</u>	Country <u>USA</u>	Zip <u>32774</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>593427709</u>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <u>X</u>	Not Applicable <input type="checkbox"/>

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Edward H. Poirier</u>
Street Address (P.O. Box Number is Not Acceptable) <u>795 E. Lansdowne Ave.</u>
<u>Orange City</u>
City <u>FL</u> Zip Code <u>32763</u>

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 Edward H. Poirier Edward H. Poirier 4-19-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>Poirier, Edward H.</u> <u>2425 S. Volusia Ave.</u> <u>Unit B-4</u> <u>Orange City, FL</u> <u>32763</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>Osborne, Patrick D</u> <u>1153 Ring St.</u> <u>Deltona, FL 32725</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP <u>Poirier, Helya D</u> <u>795 E. Lansdowne Ave.</u> <u>Orange City, FL 32763</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Edward Poirier 4/19/02 386-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 251-0507

CR2E037B (12/01)