


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90395 012 \*\*\*\*70.00

**DOCUMENT # N96000005508**  
 1. Entity Name  
**FAMILY LIFE FOUNDATIONS, INC.**



Principal Place of Business Mailing Address  
**2425 S VOLUSIA UNIT B-4 ORANGE CITY FL 32763 US**  
**P O BOX 740145 EDWARD H. POIRIER C/O FAMILY LIFE FOU ORANGE CITY FL 32774 US**

2. Principal Place of Business **795 E. Lansdowne Ave.**  
 Suite, Apt. #, etc.  
 3. Mailing Address  
 Suite, Apt. #, etc.

City & State **Orange City, FL**  
 City & State

Zip **32774** Country **USA**  
 Zip Country

4. FEI Number **59-3427709**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
**POIRIER, EDWARD H**  
**795 E LANSDOWNE AVE**  
**ORANGE CITY FL 32763**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 Edward H. Poirier Edward H. Poirier 4-1-04  
 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**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POIRIER, EDWARD H PASTOR</b>	
STREET ADDRESS	<b>795 E LANSDALE AVE</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL 32774</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OSBORNE, PATRICK</b>	
STREET ADDRESS	<b>1153 RING STREET</b>	
CITY-ST-ZIP	<b>ENTERPRISE FL 32725</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>POIRIER, KEYLA A</b>	
STREET ADDRESS	<b>795 E LANSDOWNE AVE</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL 32763</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.  
 SIGNATURE: Edward H. Poirier Edward H. Poirier 4-1-04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **386-789-7030**