

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90165 016 *****70.00

DOCUMENT # N96000005508

1. Entity Name

FAMILY LIFE FOUNDATIONS, INC.



Principal Place of Business

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

Mailing Address

**P O BOX 740145
EDWARD H. POIRIER C/O FAMILY LIFE FOUNDATI
ORANGE CITY FL 32774
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3427709**

Applied For

Not Applicable

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**

32763

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25**

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

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 **Poirier, Edward H.** ☒ Change ☐ Addition
NAME **Pastor**
STREET ADDRESS **795 E. Lansdowne Ave.**
CITY-ST-ZIP **Orange City, FL 32774**

TITLE **D** ☐ Delete
NAME **OSBORNE, PATRICK**
STREET ADDRESS **1153 RING STREET**
CITY-ST-ZIP **ENTERPRISE FL 32725**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/16/03 789-7030

CR2E037 (4/03)