

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Aug 25, 1999 8:00 am**  
**Secretary of State**

08-25-1999 90004 003 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** *198000001588 ✓*

1. Corporation Name

FAMILY LIFE COMMUNITY SCHOOL, INC.

Principal Place of Business	Mailing Address
5031 44TH ST. W. BRADENTON, FL 34210	5031 44TH ST. W. BRADENTON, FL 34210



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 1616 59TH ST. W. Suite, Apt. #, etc. -	26 1616 59TH ST. W. Suite, Apt. #, etc.	MARCH 17, 1998
22 City & State	27 City & State	4. FEI Number
23 BRADENTON, FL	28 BRADENTON, FL	65-0822381
24 34209	25 USA	29 34209
		30 USA

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<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
W. SCOTT HAMILTON, ESQ. 2400 MANATEE AVE. W. BRADENTON, FL 34205	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DIRECTOR <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID KING	1.2 NAME	
STREET ADDRESS	2217 46TH ST. CT. W.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON, FL 34209	1.4 CITY - ST - ZIP	
TITLE	DIRECTOR <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIE KING	2.2 NAME	
STREET ADDRESS	2217 46TH ST. CT. W.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON, FL 34209	2.4 CITY - ST - ZIP	
TITLE	DIRECTOR <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOM ROSS	3.2 NAME	
STREET ADDRESS	916 65TH ST. N.W.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON, FL 34209	3.4 CITY - ST - ZIP	
TITLE	DIRECTOR <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRISTEN ROSS	4.2 NAME	
STREET ADDRESS	916 65TH ST. N.W.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON, FL 34209	4.4 CITY - ST - ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. SCOTT HAMILTON	5.2 NAME	
STREET ADDRESS	3907 23RD AVE. W.	5.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON, FL 34205	5.4 CITY - ST - ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOU KOMAROV	6.2 NAME	
STREET ADDRESS	3402 47TH AVE. E.	6.3 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON, FL 34203	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:** \_\_\_\_\_ *W. Scott Hamilton* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
 Date *8/18/99* Daytime Phone # *941-748-0550*

CR2E037 (11/98)