


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90413 040 \*\*\*\*61.25

**50012885**



|  |                         |  |   |  |  |
|--|-------------------------|--|---|--|--|
| DOCUMENT # N98000001588  |                         |  |   |         |  |
| 1. Entity Name<br>FAMILY LIFE COMMUNITY SCHOOL, INC.   |                         |  |   |  |  |
| Principal Place of Business<br>4000 75TH ST W<br>BRADENTON, FL 34209   |                         | Mailing Address<br>1301 6TH AVE N, STE 600<br>ATTN: BRUCE WHALEY<br>BRADENTON, FL 34205                      |   |  |  |
| 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<br>65-0822381  |  |
|  |                         |  |   | Applied For<br>Not Applicable  |  |
|  |                         |  |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                         |  | 7. Name and Address of New Registered Agent           |  |  |
| HAMILTON, W. SCOTT ESQ.<br>2400 MANATEE AVE W<br>BRADENTON, FL 34205   |                         |  | 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>   |                         |  |   |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2006  |                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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  | P                       | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition            |
| NAME   | HAMILTON, W S ESQ       |  | NAME  |  |  |
| STREET ADDRESS   | 2400 MANATEE AVE W      |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | BRADENTON, FL 34205     |  | CITY-ST-ZIP   |  |  |
| TITLE  | T                       | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition            |
| NAME   | WHALEY, BRUCE           |  | NAME  |  |  |
| STREET ADDRESS   | 1301 6TH AVE N, STE 600 |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | BRADENTON, FL 34205     |  | CITY-ST-ZIP   |  |  |
| TITLE  | D                       | <input checked="" type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change  | <input checked="" type="checkbox"/> Addition |
| NAME   | WHALEY, LISA            |  | NAME  | CHARLES VALENTI  |  |
| STREET ADDRESS   | 1301 6TH AVE N, STE 600 |  | STREET ADDRESS  | 4000 75TH ST. W.   |  |
| CITY-ST-ZIP  | BRADENTON, FL 34205     |  | CITY-ST-ZIP   | BRADENTON, FL 34205  |  |
| TITLE  | VP                      | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition            |
| NAME   | KOMAROV, LOU            |  | NAME  |  |  |
| STREET ADDRESS   | 6003 COURTSIDE DR       |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | BRADENTON, FL 34210     |  | CITY-ST-ZIP   |  |  |
| TITLE  | D                       | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition            |
| NAME   | KOMAROV, CHERIE         |  | NAME  |  |  |
| STREET ADDRESS   | 6003 COURTSIDE DR       |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | BRADENTON, FL 34210     |  | CITY-ST-ZIP   |  |  |
| TITLE  | D                       | <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change  | <input type="checkbox"/> Addition            |
| NAME   | HAMILTON, JEANNE        |  | NAME  |  |  |
| STREET ADDRESS   | 2400 MANATEE AVE W      |  | STREET ADDRESS  |  |  |
| CITY-ST-ZIP  | BRADENTON, FL 34205     |  | CITY-ST-ZIP   |  |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Bruce L. Whaley</i>  |                         | SIGNING OFFICER OR DIRECTOR  |   | Date: 4/13/06 Daytime Phone #: 846-747-4443  |  |