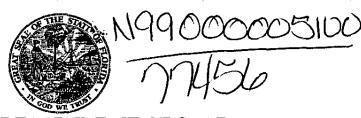
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DOCU		# N99000	005100]	Secretar 07-10-2001 90			
1		SSIVE FAMILY LIFE	CENTER, INC.		. ((N)))	0, 10 2 001 y	113 002	01.25	
Principal Plac	ce of Business		Mailing Address			\Box					
P.O. BOX 1164 BRADENTON FL 34206			236 DR. MARTIN LUTHER KING AVENUE WEST BRADENTON FL 34205				77456				
2. Principal Place of Business 35.05 1St Street F			3. Mailing Address								
Suite, Apt.		street E.	P.o. Box 1164 Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	adento	M, FL	City & State Bradentur	<u> '' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>	L		4. FEI Numbe	65-0945526	 -	ot Applicable	
2 3 F 2	08	Country	34208	Cou	15A		5. Certificate	of Status Desired	\$8.75 Ad Fee Require		
	6. Name	and Address of Current R	egistered Agent		_Name_		7. Name and	Address of New Regist	ered Agent		
JĒNKINS,	. TIFFANY		Street				oddress (P.O. Box Number is Not Acceptable)				
1006 25T											
i i i i i i i i i i i i i i i i i i i	011 1 2 3421				City				FL Zip Coo	le	
8. The above	named entity	submits this statement for	the purpose of changing its	registere	d office or	registere	ed agent, or bot	h, in the state of Florida.			
SIGNATURE.	Signature, typed o	printed name of registered egent an	d title if sopticable. (NOTE	: Registered	Agent signet	ure required	when reinstating)		DATE		
<u> </u>			O Flooring Commission					- 11-11-01-		,	
	FILE IS	•	Election Campaign Trust Fund Contribu			\$5.00 Added	O May Be to Fees		eck Payable to ment of State	'	
10.	PD I	OFFICERS AND DIRE		11.			ECTUS CHI	NGES TO OFFICERS A	ND DIRECTORS IN Change		
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CITY-ST-ZIP	BRADENT STD	ON FL 34209	Delete	TITLE	ST-ZIP	GY	adento	n, FL 342	∴ CX ☐ Change	Addition C	
MAME STREET ADDRESS	JENKINS, 1006 25T1	TIFFANY	_ =====	NAME STREE	T ADDRESS	ı					
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STREET ADDRESS CITY-SI-ZIP	1502 14Th	I ST. E. On FL 34208			T ADORESS ST-ZIP						
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STREET ADDRESS CITY-ST-ZIP			•	STREE	T ADDRESS ST - ZIP					}	
	entify that the	information supplied with the	nis filing does not qualify for			ed in Sec	tion 119.07(3)(i)	, Florida Statutes. I furthe	er certify that the in	nformation or director	
of the corp changed.	poration of the or on an attac	receiver or trustee empow hment with an address, wit	nis filing does not qualify for the and accurate and that me ered to execute this report a thall other like empowered.	s require	by Cha	pter 617.	Florida Statutes	; and that my name appe	ears in Block 10 or	Block 11 if	
SIGNAT	HOE.	Deftario	DECKIE IR	ED				4/28/01	• .	· ,	

stoonment Doct



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

July 11, 2001

GRACE PROGRESSIVE FAMILY LIFE CENTER, INC. P. O. BOX 1164
BRADENTON, FL 34208

Subject: GRACE PROGRESSIVE FAMILY LIFE CENTER, INC.

Reference Number: N9900005100

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sr

ANNUAL REPORTS SECTION