

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000056106

1. Entity Name
PAGES OF LIFE FAMILY CENTER, INC.



APPROVED
AND
FILED

07 DEC -3 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20 12-5-07



Principal Place of Business

13747 NW 7TH AVE
MIAMI, FL 33168-2903

Mailing Address

13747 NW 7TH AVE
MIAMI, FL 33168-2903

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

BROWN, CORETHA Y
13747 NW 7TH AVE
MIAMI, FL 33168-2903

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 \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, CATHERINE	
STREET ADDRESS	13747 NW 7TH AVE	
CITY - ST - ZIP	MIAMI, FL 331682903	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROWN, CORETHA Y	
STREET ADDRESS	13747 NW 7TH AVE	
CITY - ST - ZIP	MIAMI, FL 331682903	
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 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200112791532	
STREET ADDRESS	12/03/07--01078--004 **150.00	
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 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 607, 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

8/30/07 (85)688-5712

PAGES OF LIFE FAMILY CENTER, INC.
13747 N.W. 7TH AVE.
MIAMI. FL. 33168-2903

November 30, 2007

To Whom It May Concern:

This is to inform you that I did not receive the Annual report to renew my corporation Article. I inquire how to renew my article without an Annual report, I was told to print one from the Internet: that's how I was able to obtain one . I am therefore not liable for Any late charges.

Thanks for your help in resolving this matter.

Yours truly,



Cathrine Johnson