

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90030 046 \*\*\*150.00

**DOCUMENT # P06000056106**

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



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

07092008

Chg-P

CR2E034 (12/06)

4. FEI Number

**830456242**

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 \$550.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
JOHNSON, CATHERINE  
13747 NW 7TH AVE  
MIAMI, FL 331682903** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
BROWN, CORETHA Y  
13747 NW 7TH AVE  
MIAMI, FL 331682903** ☐ Delete

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

TITLE  
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CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

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

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:

*Catherine Johnson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**07/10/08 365-688-5712**

Date

Daytime Phone #

ATTACHMENT

40110705

# P06000056106

Pages of Life Family Center, Inc.  
13747 N.W. 7<sup>th</sup> Ave.  
Miami, Fl. 33168-2903

July 10<sup>th</sup>, 2008

Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl. 32302-1500

To Whom It May Concern:,

This is to inform You that I Catherine Johnson did not receive An Annual Report for my Corporation.

Enclosed is a check in the amount of \$150.00 for renewal fees.

Thanks in advance for resolving this matter.

Yours truly,



Catherine Johnson