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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000028567

1. Corporation Name
FAMILY LIFE CHRISTIAN COUNSELING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2121 CORPORATE SQUARE BLVD. SUITE 251 JACKSONVILLE FL 32216
Mailing Address: 2121 CORPORATE SQUARE BLVD. SUITE 251 JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: 03/26/1998

2. Principal Place of Business: 21 Suite, Apt. #, etc.

4. FEI Number: 59 3500745 Applied For: Not Applicable

22. City & State

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23. Zip Country

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

24. Zip Country

8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent
SCHROYTER, KEITH R
2121 CORPORATE SQUARE BLVD.
SUITE 251
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent
81 Name: Schroyer, Keith R.
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for Title, Name, Street Address, City-ST-ZIP, and checkboxes for Delete, Change, and Addition.

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 of the receiver or trustee empowered to execute this report as required by Chapter 607, 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: *Keith R. Schroyer* KEITH R. Schroyer 4/12/99 (904) 725-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034.(11/98)