

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009011

**Entity Name:** FAMILY LIFE CENTER ECONOMIC DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

4058 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4058 ST. AUGUSTINE ROAD  
JACKSONVILLE, FL 32207

**FEI Number:** 20-5496572

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SWINSON, JAMES W  
4058 ST. AUSTINE ROAD  
JACKSONVILLE, FL 32207 US

*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.*

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            SWINSON, JAMES  
Address        4058 ST. AUGUSTINE ROAD  
City-State-Zip: JACKSONVILLE FL 32207

Title            VP  
Name            SWINSON, JOHNNIE DR  
Address        4058 ST. AUGUSTINE ROAD  
City-State-Zip: JACKSONVILLE FL 32207

Title            S  
Name            ADAMSON, RUBY N  
Address        4058 ST AUGUSTINE  
City-State-Zip: JACKSONVILLE FL 32207

Title            PRES  
Name            HALL, TONYA S  
Address        4058 ST. AUGUSTINE  
City-State-Zip: JACKSONVILLE FL 32207

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: RUBY ADAMSON

SECRETARY

01/27/2024

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date