

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006463

**FILED**  
**Feb 12, 2015**  
**Secretary of State**  
**CC9752333639**

**Entity Name:** FAMILY AND LIFE CONNECTION NETWORK, INC.

**Current Principal Place of Business:**

5105 N US HWY 441  
OCALA, FL 34475

**Current Mailing Address:**

5105 N US HWY 441  
OCALA, FL 34475

**FEI Number: 83-0485641**

**Certificate of Status Desired: Yes**

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

SURMONS, ELVIRA  
5105 N US HWY 441  
OCALA, FL 34475 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 P  
Name TUGGERSON, LILLIE  
Address 5105 N US HWY 441  
City-State-Zip: Ocala FL 34475

Title V/A  
Name SURMONS, ELVIRA  
Address 5105 N US HWY 441  
City-State-Zip: Ocala FL 34475

Title S  
Name PERRY, LORENA  
Address 5475 NW 9TH PLACE  
City-State-Zip: Ocala FL 34475

Title A  
Name SURMONS, ELVIRA  
Address 5105 N US HWY 441  
City-State-Zip: Ocala FL 34475

Title D  
Name TURNER, VERNA  
Address 5740 NW 65TH PLACE  
City-State-Zip: Ocala FL 34482

*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: ELVIRA SURMONS**

**ADMINISTRATOR**

**02/12/2015**

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

\_\_\_\_\_  
Date