

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L99204

**Entity Name:** FAMILY LIFE COUNSELING SERVICES, INC.

**Current Principal Place of Business:**

3515 SE 17 ST  
SUITE 102  
OCALA, FL 34471

**FILED**  
**Jan 25, 2013**  
**Secretary of State**  
**CC5361379149**

**Current Mailing Address:**

3515 SE 17 ST  
SUITE 102  
OCALA, FL 34471 US

**FEI Number: 59-3028046**

**Certificate of Status Desired: No**

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

SIMPSON, DALE G  
3515 SE. 17TH ST.  
SUITE 102  
OCALA, FL 34471 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 PD  
Name SIMPSON, DALE G  
Address 3515 SE 17TH STREET #102  
City-State-Zip: Ocala FL 34471

Title VP  
Name DUPERE, DAVID P  
Address 3515 SE 17TH STREET #102  
City-State-Zip: Ocala FL 34471

Title TRES  
Name SIMPSON, MARY E  
Address 3515 SE 17TH STREET #102  
City-State-Zip: Ocala FL 34471

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DALE SIMPSON**

**PRESIDENT**

**01/25/2013**

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

\_\_\_\_\_  
Date