

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY -1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N92000000219 (7)**

1. Corporation Name

FAMILY LIFE CENTER INTERNATIONAL, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/02/1992	3a. Date of Last Report 01/21/1994
4. FEI Number 65-0368234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
650 GATES AVE PORT CHARLOTTE FL 33952		P.O. BOX 6060 PORT CHARLOTTE FL 33949	
21. Principal Place of Business	22. Mailing Address	23. City & State	24. Zip
Suite, Apt # etc.		Suite, Apt # etc.	
City & State		City & State	
Country	Country	Country	Country

9. Name and Address of Current Registered Agent

**WOOD, STEPHEN D
650 GATES AVE.
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

FL

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, STEPHEN D	12 NAME	
STREET ADDRESS	21490 QUESADA AVE.	13 STREET ADDRESS	5439 Inland Court
CITY, ST, ZIP	PORT CHARLOTTE FL 33952	14 CITY, ST, ZIP	Port Charlotte FL 33780
TITLE	DV	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATATICS, GERRY	22 NAME	DV
STREET ADDRESS	1601 SHENANDOAH SHORES RD.	23 STREET ADDRESS	James Bowham
CITY, ST, ZIP	FRONT ROYAL VA 22630	24 CITY, ST, ZIP	1303 Camino Arroyo
TITLE	DST	25 CITY, ST, ZIP	FARMINGTON, NM 87401
NAME	JAKUITH, MICHAEL	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	401 HANCHEY DR.	32 NAME	
CITY, ST, ZIP	NOKOMIS FL 34275	33 STREET ADDRESS	
TITLE		34 CITY, ST, ZIP	
NAME		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		42 NAME	
CITY, ST, ZIP		43 STREET ADDRESS	
TITLE		44 CITY, ST, ZIP	
NAME		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		52 NAME	
CITY, ST, ZIP		53 STREET ADDRESS	
TITLE		54 CITY, ST, ZIP	
NAME		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		62 NAME	
CITY, ST, ZIP		63 STREET ADDRESS	
		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(9)(b), 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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephen Wood* *Stephen Wood* Pres. 4-27-95 813 743-7716