

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000219

FILED  
Jun 28, 2009  
Secretary of State

Entity Name: FAMILY LIFE CENTER INTERNATIONAL, INC.

## Current Principal Place of Business:

21202 OLEAN BLVD. SUITE D-6  
PT. CHARLOTTE, FL 33952 US

## New Principal Place of Business:

3006 CARING WAY  
#604  
PT. CHARLOTTE, FL 33952 US

## Current Mailing Address:

21202 OLEAN BLVD. SUITE D-6  
PT. CHARLOTTE, FL 33952 US

## New Mailing Address:

3006 CARING WAY  
#604  
PT. CHARLOTTE, FL 33952 US

FEI Number: 65-0368234      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

WOOD, STEPHEN D.  
21202 OLEAN BLVD. SUITE D-6  
PT. CHARLOTTE, FL 33952 US

## Name and Address of New Registered Agent:

WOOD, STEPHEN D PRES  
3006 CARING WAY  
#604  
PT. CHARLOTTE, FL 33952 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: STEPHEN WOOD

06/28/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: WOOD, STEPHEN D  
Address: 599 TANYARD ROAD  
City-St-Zip: GREENVILLE, SC 29605

Title: DV ( ) Delete  
Name: BURNHAM, JAMES  
Address: 4800 SAMANTHA LANE  
City-St-Zip: FARMINGTON, NM 87402

Title: DST ( ) Delete  
Name: JAQUITH, MICHAEL  
Address: 401 HANCHEY DR.  
City-St-Zip: NOKOMIS, FL 34275

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: STEPHEN WOOD

DIR

06/28/2009

Electronic Signature of Signing Officer or Director

Date