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.

PRESIDENT

#### SIGNATURE: STEPHEN D. WOOD

Electronic Signature of Signing Officer/Director Detail

## **Current Mailing Address:**

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

### FEI Number: 65-0368234

### Name and Address of Current Registered Agent:

WOOD, STEPHEN DPRES 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:

# Electronic Signature of Registered Agent

Officer/Director Detail :			
Title	DP	Title	DV
Name	WOOD, STEPHEN D	Name	BURNHAM, JAMES
Address	599 TANYARD ROAD	Address	4800 SAMANTHA LANE
City-State-Zip:	GREENVILLE SC 29605	City-State-Zip:	FARMINGTON NM 87402
Title	DST		
Name	JAQUITH, MICHAEL		
Address	401 HANCHEY DR.		
City-State-Zip:	NOKOMIS FL 34275		

Certificate of Status Desired: No

FILED Feb 11, 2019 Secretary of State 0423131947CC

Date

02/11/2019

Date

#### 2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9200000219

Entity Name: FAMILY LIFE CENTER INTERNATIONAL, INC.

**Current Principal Place of Business:** 

3006 CARING WAY #604 PT. CHARLOTTE, FL 33952