## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT #

N9200000219 (7)

FAMILY LIFE	CENTER	INTERNATIONAL,	INC.
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PRINCIPAL PLACE OF Business 80 GATES AVE PORT CHARLOTTE FL 33982 PORT CHARLOTT							
PORT CHARLOTTE PL 33982  PORT CHARLOTTE PL 33984-0000  3. Date incorporated or Qualified  1. Date incorporated or Qualified  3. Date incorporated or Qualified  4. FEI Number  5. Certificate of Status Desired  6. Election Campaign Financing  5. Status  7. Date in Functional Process  6. Election Campaign Financing  5. Status  7. Date in Functional Process  7. Date in Functional Process  8. Output  8. This corporation has liability for intergoliste tax under a . 199 032.  9. Name and Address of Current Registered Agent  8. Name and Address of Hern Registered Agent  8. Status  9. Name and Address of Name and Address of Part Registered Agent  8. Status  1. Process Equities  9. Name and Address of Name Registered Agent  8. Status  1. Process Equities  9. Name and Address of Name Registered Agent  1. Process Equities  9. Name and Address of Name Registered Agent  1. Process Equities  9. Name and Address of Name Registered Agent  1. Process Equities  9. Status  1. Process Equities  9. Name and Address of Name Registered Agent  1. Process Equities  9. Status  1. Process Equities  9. Status  1. Process Equities  9. Name and Address of Desire Registered Agent  1. Process Equities  9. Status Agent  1. Process Equities  9. Status Agent  1. Process Equities  9. Status  1. Process Equities  1. Process Equiti	Principal Place	e of Business	Mailing Address	**	I BORILIEF BID TOFFE FEBRUARIUS BOILS BO	164 <b>40</b> 611 <b>40</b> 110 <b>10</b> 116 9016 1140 1	
11/02/1992   02/29/1996   12/				3-6060			
Solity April = Note   Sections   Soliton   Sections					11/02/1992		
22	21 387	2 Tamiami Trail	26			Not	Applicable
Trust Fund Contribution   Added to Fees   Addition   Added to Fees   Addition   Additio	22 Unit C 27		5. Certificate of Status Desired				
S. Name and Address of Current Registered Agent  WOOD, STEPHEN D  650 GATES AVE. PORT CHARLOTTE FL 33952  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-names promptation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was euthorized by these profession submits this statement for the purpose of changing its registered office or registered agent, and accept the obligations of Section 617,508, Florida Statutes, the above-names promptation submits this statement for the purpose of changing its registered office or registered agent, and accept the obligations of Section 617,508, Florida Statutes, the above-names promptation submits this statement for the purpose of changing its registered office or registered agent, and succept the obligations of Section 617,508, Florida Statutes, the above-names promptation submits this statement for the purpose of changing its registered office or registered agent, and submits this statement for the purpose of changing its registered office or or directors a floridation of directors a floridation of directors a floridation of the purpose of changing its registered agent. And the purpose of changing its regis	23 Port Charlotte I-L 28			, , , , , , , , , , , , , , , , , , , ,			
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## City Port Charlotte FL 33952    A	WOOD,	stephen D		82 Street Add	dress (P.O. Box Number is Not Accept	able)	
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the		ov pertify that the information eventi-	and with this filling does not qualify		ed in Section 119 07/3Vi). Florida Stati	ites. I further certify that t	he
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 eath; 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 15 if shapped, from an attachment with an address.	informatio	o indicated on this annual report or	eunnlamental annual renort le tru	io and accurate and th	at my cionatura chall have the came le	nal altert se il made und	lar anth, that