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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(5)

OCUMENT # 735777 (5) GIFTS FOR LIFE FOUNDATION, INC.									
ncipal Place of I	Business	Mailing	Address						
825 FRIENDSHI			FRIENDSHIP LANE	E					
DESSA FL 33556		ODES	ODESSA FL 33556			3. Date Incorporated or Qualified 05/13/1976 3a. Date of Last Repx 04/27/1995		oort	
			Was Addes-			4 FELNumber		<u> </u>	lied For
Principal Place	e of Business	├ ─┐	ailing Address			59-7635520		\$8.75 A	Applicable
	ala	26 Sui	ite, Apt. #, etc.			5. Certificate of Status Desired	K	\$8.75 A	
Suite, Apt. #, (erd.	27				Election Campaign Financing		\$5.00	<u> </u>
Crty & State		├ ¬	ty & State			Trust Fund Contribution		Added to	o Fees
		28 Zic		Co	ountry	8. This corporation has liability for	intangible t	ax under s. 19 1 No	∌9.032,
Zip	Country	29		30		Florida Statutes 10. Name and Address of New I	∐ Yes ∟	1 140	
	25 9. Name and Address of C		ed Agent		01 1	10. Name and Address of New I	8.0.0.00		
	<u> </u>				81 Name	The British At All St. 12 Mint Annual	ble)		
C CLARE ODOM-HANKS				82 Street Ad	ddress (P.O. Box Number is Not Accepta				
13825 FRI	IENDSHIP LANE				83				
ODESSA FL 33556				_ \				Code	
					84 City	poration submits this statement for the p located of directors. I hereby accept the ap	F!	<u>- </u>	nietored =
IGNATURE _									
	Signature, typed or printed name of register OFFICE	erec agent and tild it app ERS AND DIRECT	ORS	1	13.	julied when reinstaling? ADDITIONS/CHANGES TO O	DATE FEIGERS A	ND DIRECTOF	RS IN 12
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I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 13 if changed, or on an attackment with an address.

SIGNATURE:

0054077