

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000216

FILED
Apr 07, 2006
Secretary of State

Entity Name: LIFEWORKS JACKSONVILLE, INC.

Current Principal Place of Business:

6015 CHESTER CIRCLE
111
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6015 CHESTER CIRCLE
111
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-3700440

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALTMAN, NANCY
6015 CHESTER CIRCLE
111
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLER, MICHAELA
Address: 1419 RIVER OAKS RD
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD () Delete
Name: KEEL, DAVID
Address: 4582 WHISPERING INLET DR.
City-St-Zip: JACKSONVILLE, FL 32277

Title: SD () Delete
Name: ALEXANDER, CHRIS
Address: 870 WARNER RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: P () Delete
Name: ALTMAN, NANCY H
Address: 1142 MORVENWOOD ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: LAMEY, DANNY
Address: 8613 HUNTERS DR.
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: GRUENTZEL, JIM
Address: 2584 HALPERNS WAY
City-St-Zip: MIDDLEBURG, FL 32068

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:

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

Title: D (X) Change () Addition
Name: DAVIS, ZELINE
Address: 4045 COQUINA DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY H ALTMAN

P

04/07/2006

Electronic Signature of Signing Officer or Director

Date