05/09/2008 12:29 9844436021 BARBARA E FOST

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**FILED**
**Aug 08, 2008 8:00 am**
**Secretary of State**
07-14-2008 90025 006 ****61.25

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000000216

1. Entity Name
LIFEWORKS JACKSONVILLE, INC.

66015828

| Principal Place of Business | Mailing Address |
|---|---|
| 6015 CHESTER CIRCLE #212<br>JACKSONVILLE, FL 32217 | 6015 CHESTER CIRCLE # 212<br>JACKSONVILLE, FL 32217 |

05092008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3700440 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ALTMAN, NANCY<br>6015 CHESTER CIRCLE #212<br>JACKSONVILLE, FL 32217 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRES<br>KEEL, DAVID<br>4582 WHISPERING INLET DR.<br>JACKSONVILLE, FL 32277 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>PRES<br>PAT NELMS<br>786 GINGER MILL DR.<br>JACKSONVILLE, FL 32259 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>ALEXANDER, CHRIS<br>870 WARNER RD.<br>GREEN COVE SPRINGS, FL 32043 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>VICE PRES<br>GARY SMITH<br>1333 ELLIS TRACE DR. W.<br>JACKSONVILLE, FL 32205 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ALTMAN, NANCY H<br>1142 MORVENWOOD ROAD<br>JACKSONVILLE, FL 32207 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DAVIS, ZELINE<br>4045 COQUINA DRIVE<br>JACKSONVILLE BEACH, FL 32250 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GRUENTZEL, JIM<br>2584 HALPERNS WAY<br>MIDDLEBURG, FL 32068 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Pat Nelms PAT NELMS - PRESIDENT
(Signature and typed or printed name of individual officer or director) Date (Daytime Phone #)