# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 06, 2005 8:00 am**
**Secretary of State**
07-06-2005 90032 003 ****70.00

50054998

DOCUMENT # N01000004333

1. Entity Name
LIFE RENEWAL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~2843 SWEETHOLLY DR~~ | ~~2843 SWEETHOLLY DR~~ |
| ~~JACKSONVILLE, FL 32223~~ | ~~JACKSONVILLE, FL 32223~~ |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 8535 Baymeadows Rd | 8535 Baymeadows Rd. |
| Suite, Apt. #, etc.: Suite 59 | Suite, Apt. #, etc.: Suite 59 |
| City & State: Jacksonville, FL | City & State: Jacksonville, FL |
| Zip: 32256 Country: USA | Zip: 32256 Country: USA |

07012005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3746887 ☐ 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 |
|---|---|
| VANOVEN, MICHELE DR.<br>2843 SWEETHOLLY DR<br>JACKSONVILLE, FL 32223 | 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 Michele Vanoven michele Vanoven, PhD, P,D 7/1/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by September 7, 2005**

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 | P,D,<br>VANOVEN, MICHELE DR.<br>2843 SWEETHOLLY DR<br>JACKSONVILLE, FL 32223 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>Todd Chupp<br>1230 Greenridge Rd.<br>Jacksonville, FL 32207 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>AQUIAR, DANA<br>9 JAMES STREET<br>POUGHKEEPSIE, NY 12603 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>THOMPSON, CHRISTINE<br>1961 FORESTER CREEK RD<br>EL CAJON, CA 92021 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SHARP, STEVE<br>29 CONNELLY DR<br>STAATSBURG, NY 12580 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>BROOKS, CHRIS<br>281 BELL BRANCH LANE<br>JACKSONVILLE, FL 32259 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>VANOVEN, RAYMOND N<br>2843 SWEETHOLLY DR<br>JACKSONVILLE, FL 32223 | ☐ 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 exemption stated in Section 119.07(3)(i), 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:** Michele Vanoven michele Vanoven, Ph.D 7/1/05 (904)730-0775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #