

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 10 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N96000005905 (2)**

1. Corporation Name

CENTER OF LIFE, INC.

Principal Place of Business

**234 E HORNBEAM DR
LONGWOOD FL 32779**

Mailing Address

**POST OFFICE BOX 740060 N/A
ORANGE CITY FL 32774
US**

2. Principal Place of Business

21 381 CR 13 South

Suite, Apt. #, etc.

22

City & State

23 St. Augustine, FL

Zip

24 32092

Country

25 USA

2a. Mailing Address

26 381 CR 13 South

Suite, Apt. #, etc.

27

City & State

28 St. Augustine, FL

Zip

29 32092

Country

30 USA

9. Name and Address of Current Registered Agent

DEVITA, DIANA F

**234 E HORNBEAM DR -
LONGWOOD FL 32779**

3. Date Incorporated or Qualified

11/15/1986

4. FEI Number

59-3419102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

Yes ☒ No ☐

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 381 CR 13 South

84 City

St. Augustine

FL

85 Zip Code

32092

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Diana F. Devita, President

2/10/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**NAME
DEVITA, DIANA
STREET ADDRESS
234 E HORNBEAM DR
CITY-ST-ZIP
LONGWOOD FL 32779**

TITLE ☐ DELETE

**NAME
MARIA, GIOIA
STREET ADDRESS
234 E HORNBEAM DR
CITY-ST-ZIP
LONGWOOD FL 32779**

TITLE ☒ DELETE

**NAME
STEVENS, DONNA
STREET ADDRESS
1424 S MAGNOLIA
CITY-ST-ZIP
PALASTINE TX 75801**

TITLE ☒ DELETE

**NAME
LANG, JANET
STREET ADDRESS
8380 COUNTY RD 32-C
CITY-ST-ZIP
LOVELAND CO 80538**

TITLE ☐ DELETE

**NAME
BOBROWSKI, DEBRA
STREET ADDRESS
5569 N COUNTY RD 29
CITY-ST-ZIP
LOVELAND CO 80538**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

Pres. Devita, Diana

1.2 NAME

1.3 STREET ADDRESS

381 CR 13 South

1.4 CITY-ST-ZIP

St. Augustine, FL 32092

2.1 TITLE ☐ Change ☐ Addition

Sect/Treasurer - D

2.2 NAME

MARIA, GIOIA

2.3 STREET ADDRESS

381 CR 13 South

2.4 CITY-ST-ZIP

St. Augustine, FL 32092

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

Vice-President - D

5.2 NAME

Bobrowski, Deb

5.3 STREET ADDRESS

5569 N. County Rd 29

5.4 CITY-ST-ZIP

LOVELAND, CO 80538

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Diana F. Devita, President

2/10/98 (904) 829-5699

CR2E037 (10/97)