

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 15, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000005905

1. Entity Name
CENTER OF LIFE, INC.



Principal Place of Business

59 KATHLEEN TRAIL
PALM COAST, FL 32164 US

Mailing Address

59 KATHLEEN TRAIL
PALM COAST, FL 32164 US



02262008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-3419102

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEVITA, DIANA F
59 KATHLEEN TRAIL
PALM COAST, FL 32164

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IN THIS SPACE**

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 _____

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 May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000898970
04/28/08-80019-025 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEVITA, DIANA
STREET ADDRESS	59 KATHLEEN TRAIL
CITY-STATE-ZIP	PALM COAST, FL 32164
TITLE	STD
NAME	MARIA, GIOIA
STREET ADDRESS	59 KATHLEEN TRAIL
CITY-STATE-ZIP	PALM COAST, FL 32164
TITLE	VPD
NAME	BELLATTI, LINDA F
STREET ADDRESS	37206 N. TRANQUIL TRAIL
CITY-STATE-ZIP	CAREFREE, AZ 85377
TITLE	D
NAME	GRANATO, GINA
STREET ADDRESS	4521 NE 30TH
CITY-STATE-ZIP	PORTLAND, OR 97211
TITLE	D
NAME	DELANO, DEBRA
STREET ADDRESS	5569 N. COUNTY RD. 29
CITY-STATE-ZIP	LOVELAND, CO 80538
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

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.

3-21-08 Dian DeVita, Chair - BOT