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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000002754

1. Corporation Name
ACCESS TO LIFE INC.

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Principal Place of Business 6922 WOODMAN DRIVE WESLEY CHAPEL FL 33544	Mailing Address 6922 WOODMAN DRIVE WESLEY CHAPEL FL 33544
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2. Principal Place of Business <i>Tampa, FL 33612</i>	2a. Mailing Address <i>Suite 119</i>	3. Date Incorporated or Qualified 05/14/1998
21. <i>12708 Bruce B. Downs Blvd.</i>	26. <i>12708 Bruce B. Downs Blvd.</i>	4. FEI Number <i>NA</i>
22. <i>Suite 119</i>	27. <i>Suite 119</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23. <i>Tampa, FL</i>	28. <i>Tampa, FL</i>	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
24. <i>33612</i>	25. <i>USA</i>	29. <i>33612</i>
	30. <i>USA</i>	

9. Name and Address of Current Registered Agent DEFLUITER, LINDA 12708 BRUCE B DOWNS BLVD APT 119 TAMPA FL 33612	10. Name and Address of New Registered Agent 81 Name <i>Linda de Fluter</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>12708 Bruce B. Downs Blvd.</i> 83 <i>Suite 119</i> 84 City <i>Tampa</i> 85 Zip Code <i>FL 33612</i>
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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 *Linda de Fluter* *Linda de Fluter* **15 JAN 99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: DEFLUITER, LINDA	1.1 TITLE: <i>PD</i>	1.2 NAME: <i>de Fluter Linda</i>
STREET ADDRESS: 12708 BRUCE B DOWNS BLVD, APT 119	CITY-ST-ZIP: TAMPA FL 33612	1.3 STREET ADDRESS: <i>12708 Bruce B Downs Blvd, APT 119</i>	1.4 CITY-ST-ZIP: <i>Tampa, FL 33612</i>
TITLE: VD	NAME: BEATTIE, ANN	2.1 TITLE: <i>VD</i>	2.2 NAME: <i>shelly mitchell</i>
STREET ADDRESS: 31611 CROSS CREEK LANE	CITY-ST-ZIP: WESLEY CHAPEL FL	2.3 STREET ADDRESS: <i>1819 Tarah Traca Dr.</i>	2.4 CITY-ST-ZIP: <i>Brandon, FL 33570</i>
TITLE: SD	NAME: HORVATH, DOT	3.1 TITLE: <i>NA</i>	3.2 NAME: <i>NA</i>
STREET ADDRESS: 6922 WOODMAN DRIVE	CITY-ST-ZIP: WESLEY CHAPEL FL 33544	3.3 STREET ADDRESS: <i>NA</i>	3.4 CITY-ST-ZIP: <i>NA</i>
TITLE: TD	NAME: HORVATH, STEVE	4.1 TITLE: <i>John Ross</i>	4.2 NAME: <i>1538 Jockey Dr.</i>
STREET ADDRESS: 6922 WOODMAN DRIVE	CITY-ST-ZIP: WESLEY CHAPEL FL 33544	4.3 STREET ADDRESS: <i>Deltona, FL 32725</i>	4.4 CITY-ST-ZIP: <i>Deltona, FL 32725</i>
TITLE: TD	NAME: TWOHEY, MARY	5.1 TITLE: <i>Chaplin</i>	5.2 NAME: <i>Bryan Garry Besant Community</i>
STREET ADDRESS: 2343 WILSHIRE DR	CITY-ST-ZIP: PALM HARBOR FL	5.3 STREET ADDRESS: <i>4701 N. Hilda Ave</i>	5.4 CITY-ST-ZIP: <i>Tampa</i>
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.1 TITLE: <i>International Liaison</i>	6.2 NAME: <i>Michael dellaValle</i>
STREET ADDRESS: <input type="checkbox"/> DELETE	CITY-ST-ZIP: <input type="checkbox"/> DELETE	6.3 STREET ADDRESS: <i>5893 Roble Way</i>	6.4 CITY-ST-ZIP: <i>Port Richey, FL 34668</i>

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, with all other like empowered.

SIGNATURE: *Linda de Fluter* **SIGNATURE REQUIRED** *15 Jan 99* *813 979267*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)