

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **745878** (9)
1. Corporation Name
THE LIFE CENTER, INC.



Principal Place of Business Mailing Address
819 PARK ST JACKSONVILLE FL 32204-3322
819 PARK ST JACKSONVILLE FL 32204-3322

3. Date Incorporated or Qualified **02/08/1979** 3a. Date of Last Report **04/12/1995**
4. FEI Number **59-1924793** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

UTSEY, VERNIE F
819 PARK ST
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

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	D	<input checked="" type="checkbox"/> DELETE
NAME	CAMERON, PHIL	
STREET ADDRESS	1257 EDGEWOOD AVE SO	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	T Tom Robertson	<input type="checkbox"/> DELETE
NAME	CRAWFORD, CAROLYN	
STREET ADDRESS	2909 ST JOHNS #3A 5201 Atlantic Blvd	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MOULTON, BARBARA	
STREET ADDRESS	13258 WEST MOBY DICK DR	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THAL, ROBERT	
STREET ADDRESS	2320 DOGWOOD LANE	
CITY - ST - ZIP	ORANGE PARK FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MYERS, ELIZABETH	
STREET ADDRESS	3689 RIVERSIDE AVE.	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SIESKY, TOMMIE	
STREET ADDRESS	4867 WATER OAK LN	
CITY - ST - ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	E. E. Bryson
1.4 CITY - ST - ZIP	1360 Hollywood Ave Jacksonville, Fla. 32205
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	Don Field
4.4 CITY - ST - ZIP	5201 Atlantic Blvd #241 Jacksonville, Fla. 32207
5.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Jean Frost
5.4 CITY - ST - ZIP	3715 Hedrick Street Jacksonville, Fla. 32205
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Tommie W Siesky*

2/16/96

904/356-1423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Tommie W Siesky President, Board of Directors

Date

Daytime Phone

CR2E037 (12/95)