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FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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 32204-3322819 PARK ST  
JACKSONVILLE FL 32204-33223. Date Incorporated or Qualified  
02/08/19793a. Date of Last Report  
02/20/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-1924793Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

UTSEY, VERNIE F  
819 PARK ST  
JACKSONVILLE FL 32204

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

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BRYSON, E.E.  
STREET ADDRESS 1360 HOLLYWOOD AVENUE  
CITY-ST-ZIP JACKSONVILLE FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE T ☐ DELETE  
NAME ROBERTSON, TOM  
STREET ADDRESS 5201 ATLANTIC BLVD. STE. 244  
CITY-ST-ZIP JACKSONVILLE FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE VP D ☐ DELETE  
NAME MOULTON, BARBARA  
STREET ADDRESS 13258 WEST MOBY DICK DR  
CITY-ST-ZIP JACKSONVILLE FL3.1 TITLE Director ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME FIELD, DON  
STREET ADDRESS 5201 ATLANTIC BLVD STE. 241  
CITY-ST-ZIP JACKSONVILLE FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE S + V.P. ☐ DELETE  
NAME FROST, JEAN  
STREET ADDRESS 3715 HEDRICK STREET  
CITY-ST-ZIP JACKSONVILLE FL5.1 TITLE AND Vice-Pres. ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE P ☐ DELETE  
NAME SIESKY, TOMMIE  
STREET ADDRESS 4887 WATER OAK LN  
CITY-ST-ZIP JACKSONVILLE FL6.1 TITLE ☐ Change ☐ 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 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: *Tommie W. Siesky*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97

904/356-1423

Date

Daytime Phone 8004555

CR2E037 (9/96)