

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745878** (9)  
1. Corporation Name  
**THE LIFE CENTER, INC.**



Principal Place of Business <b>819 PARK ST JACKSONVILLE FL 32204-3322</b>	Mailing Address <b>819 PARK ST JACKSONVILLE FL 32204-3322</b>
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3. Date Incorporated or Qualified <b>02/08/1979</b>	
4. FEI Number <b>59-1924793</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>UTSEY, VERNIE F 819 PARK ST JACKSONVILLE FL 32204</b>	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRYSON, E.E.</b>	1.2 NAME	
STREET ADDRESS	<b>1380 HOLLYWOOD AVENUE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTSON, TOM</b>	2.2 NAME	
STREET ADDRESS	<b>5201 ATLANTIC BLVD. STE. 244</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOULTON, BARBARA</b>	3.2 NAME	
STREET ADDRESS	<b>13258 WEST MOBY DICK DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIELD, DON</b>	4.2 NAME	
STREET ADDRESS	<b>5201 ATLANTIC BLVD STE. 241</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>SVP</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FROST, JEAN</b>	5.2 NAME	
STREET ADDRESS	<b>3715 HEDRICK STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIESKY, TOMMIE</b>	6.2 NAME	
STREET ADDRESS	<b>4867 WATER OAK LN</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	6.4 CITY-ST-ZIP	

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: Jean Frost **RECEIVED** 3-15-98 904/356-1423  
Jean Frost, President

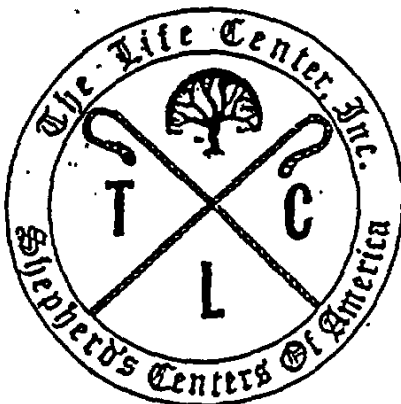
CP2E037 (10/97)

**BOARD OF DIRECTORS 1997-98**

**Ms Jean Frost, President**  
**Jay Kurras, Vice President**  
**Miss Barbara M. Moulton, Secretary**  
**Phil Cameron, Treasurer**  
**Gene Bryson**  
**Don Field**  
**Mrs. Grace Field**  
**Leroy Johnson**  
**Mrs. Estelle Jones**  
**Mrs. Jo Kurras**  
**Mrs. Santa J. Mann**  
**Mrs. Dana Moore**  
**Tom E. Robertson**  
**Mrs. Tommie W. Slesky**  
**Jonas Wasserman**  
**Rev. Robert M. Temple, Jr., Consultant**  
**STAFF**  
**Bill Finn, Director**  
**Vernie Utsey, Bookkeeper**

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Board Members are TLC volunteers who give many hours guiding the activities, keeping TLC before the community and constantly looking for funding possibilities. Speak with a Board Member about your ideas and dreams for the future of The Life Center.



**THE LIFE CENTER, INC.**

819 Park Street  
Riverside Park United Methodist Church  
Jacksonville FL 32204

ADDRESS CORRECTION REQUESTED