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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000002754

1. Corporation Name

ACCESS TO LIFE INC.

* 364000 - 90193 - 19 *

Principal Place of Business	Mailing Address
6922 WOODMAN DRIVE WESLEY CHAPEL FL 33544	6922 WOODMAN DRIVE WESLEY CHAPEL FL 33544

2. Principal Place of Business: Tampa, FL 336
21: 12708 Bruce B. Downs Blvd.
Suite, Apt. #, etc. 22: Suite 119
City & State 23: Tampa, FL
Zip 24: 33612 Country 25: USA

2a. Mailing Address: Suite 119
26: 12708 Bruce B. Downs Blvd.
Suite, Apt. #, etc. 27: Suite 119.
City & State 28: Tampa, FL.
Zip 29: 33612. Country 30: USA.

3. Date Incorporated or Qualified: 05/14/1998

4. FEI Number: ~~59-3[illegible]~~ N/A ~~17-053-337-6201-8~~ ☐ 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

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: Linda de Fluiter
82 Street Address (P.O. Box Number is Not Acceptable): 12708 Bruce B. Downs Blvd.
83: Suite 119
84 City: Tampa FL 85 Zip Code: 33612

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 Fluiter Linda de Fluiter 15 JAN. 99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEFLUITER, LINDA 12708 BRUCE B DOWNS BLVD, APT 119 TAMPA FL 33612	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD DeFluiter Linda 12708 Bruce B Downs Blvd, APT 119	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BEATTIE, ANN 31611 CROSS CREEK LANE WESLEY CHAPEL FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Shelly Mitchell 1819 Tarah Trace Dr. Brandon, FL. 33570	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HORVATH, DOT 6922 WOODMAN DRIVE WESLEY CHAPEL FL 33544	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	NA	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HORVATH, STEVE 6922 WOODMAN DRIVE WESLEY CHAPEL FL 33544	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	John Rassi 1538 Joyner Dr. Deltona, FL. 32725	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TWOHEY, MARY 2343 WILSHIRE DR PALM HARBOR FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Chaplin Bryan Garry Jesuit Community 4701 N. Himes Ave Tampa	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	International Liaison Michael DellaValle 8893 Roble Way Port Richey, FL 34668	☐ Change ☐ Addition

CR2E037 (11/98)

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 Fluiter SIGNATURE REQUIRED Linda de Fluiter 15 Jan 99 813 9789267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #