

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000005905

1. Entity Name

CENTER OF LIFE, INC.



Principal Place of Business

59 KATHLEEN TRAIL
PALM COAST FL 32164
US

Mailing Address

59 KATHLEEN TRAIL
PALM COAST FL 32164
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3419102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVITA, DIANA F
59 KATHLEEN TRAIL
PALM COAST FL 32164

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEVITA, DIANA	
STREET ADDRESS	59 KATHLEEN TRAIL	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MARIA, GIOIA	
STREET ADDRESS	59 KATHLEEN TRAIL	
CITY-ST-ZIP	PALM COAST FL 32164	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BELLATTI, LINDA F	
STREET ADDRESS	37206 N. TRANQUIL TRAIL	
CITY-ST-ZIP	CAREFREE AZ 85377	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRANATO, GINA	
STREET ADDRESS	4521 NE 30TH	
CITY-ST-ZIP	PORTLAND OR 97211	
TITLE	D	<input type="checkbox"/> Delete
NAME	DELANO, DEBRA	
STREET ADDRESS	5569 N. COUNTY RD. 29	
CITY-ST-ZIP	LOVELAND CO 80538	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

000000278925
03/28/05-80047-010 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA DEVITA DIANA DEVITA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/05 (386)437-3362

Date

Daytime Phone #