2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Apr 12, 2012
Secretary of State

DOCUMENT# 745878

Entity Name: THE LIFE CENTER, INC.

Current Principal Place of Business:

819 PARK ST
JACKSONVILLE, FL 322043322

New Principal Place of Business:

Current Mailing Address:

819 PARK ST
JACKSONVILLE, FL 322043322

New Mailing Address:

FEI Number: 59-1924793 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FROST, JEAN S PRESIDE
819 PARK ST
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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.

SIGNATURE: JEAN S. FROST
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP
Name: CHAPMAN, RUSS
Address: 5931 BUCKLEY DR.
City-St-Zip: JACKSONVILLE, FL 32244

Title: SECY
Name: GREENE, JOSEPHINE
Address: 2132 MYRA ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: TREA
Name: LEWIS, JIM
Address: 3648 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: MS
Name: PINKERTON, MILDRED
Address: 4358 TIMUQUANA RD #147
City-St-Zip: JACKSONVILLE, FL 32210

Title: P
Name: FROST, JEAN
Address: 3618 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D
Name: RICKER, ALICE
Address: 1950 PAINE AVE. #54
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEAN S. FROST PRES 04/12/2012
Electronic Signature of Signing Officer or Director Date