

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17966

**Entity Name:** CITY OF LIFE, INC.

**Current Principal Place of Business:**

2874 E IRLO BRONSON  
KISSIMMEE, FL 34744

**Current Mailing Address:**

2874 E IRLO BRONSON  
KISSIMMEE, FL 34744 US

**FEI Number:** 59-2720045

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SMITH, GARY  
2874 E. IRLO BRONSON HIGHWAY  
KISSIMMEE, FL 32742 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title PD  
Name SMITH, GARY A  
Address 4241 KISSIMMEE PARK RD  
City-State-Zip: ST CLOUD FL 34772

Title SD  
Name SMITH, JANIS K  
Address 4241 KISSIMMEE PARK RD  
City-State-Zip: SAINT CLOUD FL 34772

Title D  
Name SMITH, JEFFREY  
Address 3341 BUCKINGHAM WAY  
City-State-Zip: ST. CLOUD FL 34772

Title D  
Name WILKER, JOHN  
Address 2616 FLORENCE DR.  
City-State-Zip: KISSIMMEE FL 34744

*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:** GARY A. SMITH

**PRESIDENT**

**02/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date