

**2022 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, JEFFREY  
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:** JEFFREY SMITH

01/20/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title            VP  
Name            SMITH, GARY A  
Address        4241 KISSIMMEE PARK ROAD  
City-State-Zip: ST. CLOUD FL 34772

Title            D  
Name            LINKOUS, JASON  
Address        257 OCEAN RESIDENCE CT.  
City-State-Zip: SATELLITE BEACH FL 32937

Title            TREASURER  
Name            SMITH, AMY N  
Address        3341 BUCKINGHAM WAY  
City-State-Zip: ST. CLOUD FL 34744

Title            DBA  
Name            DBA CITY OF LIFE,ORLANDO  
Address        2874 E IRLO BRONSON  
City-State-Zip: KISSIMMEE FL 34744

Title            DBA  
Name            CITY OF LIFE CHRISTIAN ACADEMY  
Address        2874 E IRLO BRONSON  
City-State-Zip: KISSIMMEE FL 34744

Title            DBA  
Name            BLINK CHRISTIAN PERFORMING  
ARTS CENTER  
Address        2874 E IRLO BRONSON  
City-State-Zip: KISSIMMEE FL 34744

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*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:** ANGELINA ALVAREZ

ACCOUNTING  
SUPERVISOR

01/20/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DBA
Name	CITY OF LIFE NONA
Address	2874 E IRLO BRONSON
City-State-Zip:	KISSIMMEE FL 34744