

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

DOCUMENT# N96000005905

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

**Current Principal Place of Business:**

59 KATHLEEN TRAIL  
PALM COAST, FL 32164

**Current Mailing Address:**

59 KATHLEEN TRAIL  
PALM COAST, FL 32164 US

**FEI Number:** 59-3419102

**Certificate of Status Desired:** No

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

DEVITA, DIANA F  
59 KATHLEEN TRAIL  
PALM COAST, FL 32164 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 TRUSTEE  
Name DEVITA, DIANA F  
Address 59 KATHLEEN TRAIL  
City-State-Zip: PALM COAST FL 32164

Title TRUSTEE  
Name MARIA, GIOIA  
Address 41 LEE DRIVE  
City-State-Zip: PALM COAST FL 32137

Title TRUSTEE  
Name LAWRENCE, DENISE B  
Address 61 KATHLEEN TRAIL  
City-State-Zip: PALM COAST FL 32164

Title TRUSTEE  
Name PALMIERI, MARYANN G.  
Address 32 BRUNETTE LANE  
City-State-Zip: PALM COAST FL 32137

Title TRUSTEE  
Name DUNBAR, ZOE A.  
Address 5300 MACASAET ST.  
City-State-Zip: PUERTO PRINCESA CITY PALAWAN

*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:** DIANA F. DEVITA

TRUSTEE

04/30/2013

Electronic Signature of Signing Officer/Director Detail

Date