


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 24, 1999 8:00 am**  
**Secretary of State**

08-24-1999 90013 035 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 715012**

1. Corporation Name

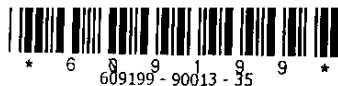
**THE CREATIVE LIFE CENTER FOR POSITIVE LIVING, IN C.**

Principal Place of Business

Mailing Address

2821 SKYVIEW DRIVE  
 LAKELAND FL 33801

2821 SKYVIEW DRIVE  
 LAKELAND FL 33801



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/25/1968	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-1714179	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	
				<b>\$8.75 Additional Fee Required</b>	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				<b>\$5.00 May Be Added to Fees</b>	
24	25	29	30		

9. Name and Address of Current Registered Agent

FISHER, HELEN  
 1511 SPRUCE DR  
 LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name	PATRICIA EISENHAUER	
82 Street Address (P.O. Box Number is Not Acceptable)	5 EAGLES NEST NW	
83	WINTER HAVEN	
84 City	FL	85 Zip Code 33881

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE PATRICIA EISENHAUER *Patricia Eisenhauer* 8-19-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANNER, LOUISE	1.2 NAME	PAUL ANDROS
STREET ADDRESS	P.O. BOX 1790 N/A	1.3 STREET ADDRESS	2914 Delrose Dr.
CITY-ST-ZIP	WINTER HAVEN FL 33880	1.4 CITY-ST-ZIP	Lakeland, FL. 33805
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMAHA, ALAN K.	2.2 NAME	
STREET ADDRESS	4733 DIMBATH DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVESQUE, MARGO	3.2 NAME	ANN HUTCHESON
STREET ADDRESS	3815 GARNET DRIVE	3.3 STREET ADDRESS	P.O. BOX 2586
CITY-ST-ZIP	MULBERRY FL 33860	3.4 CITY-ST-ZIP	LAKELAND, FL 33806
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, NINA	4.2 NAME	
STREET ADDRESS	1670 SEVENTEETH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAREY, BARBARA	5.2 NAME	PATRICIA EISENHAUER
STREET ADDRESS	1125 STONEBROOKE LANE	5.3 STREET ADDRESS	5 EAGLES NEST NW
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	WINTER HAVEN FL. 33881
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, HELEN	6.2 NAME	
STREET ADDRESS	1511 SPRUCE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA EISENHAUER *Patricia Eisenhauer* 9-19-99 941-401-8585  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)