


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).

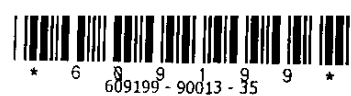
FILED
Aug 24, 1999 8:00 am
Secretary of State

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

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 715012

1. Corporation Name
THE CREATIVE LIFE CENTER FOR POSITIVE LIVING, IN C.



Principal Place of Business 2821 SKYVIEW DRIVE LAKELAND FL 33801	Mailing Address 2821 SKYVIEW DRIVE LAKELAND FL 33801
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 07/25/1968	4. FEI Number 59-1714179	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees

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

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TANNER, LOUISE	
STREET ADDRESS	P.O. BOX 1790 N/A	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SAMAHA, ALAN K.	
STREET ADDRESS	4733 DIMBATH DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LEVESQUE, MARGO	
STREET ADDRESS	3815 GARNET DRIVE	
CITY-ST-ZIP	MULBERRY FL 33860	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOUGLAS, NINA	
STREET ADDRESS	1670 SEVENTEETH AVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAREY, BARBARA	
STREET ADDRESS	1125 STONEBROOKE LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHER, HELEN	
STREET ADDRESS	1511 SPRUCE DR.	
CITY-ST-ZIP	LAKELAND FL 33801	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PAUL ANDROS
1.3 STREET ADDRESS	2914 Delrose Dr.
1.4 CITY-ST-ZIP	Lakeland, FL. 33805
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANN HUTCHESON
3.3 STREET ADDRESS	P.O. BOX 2586
3.4 CITY-ST-ZIP	LAKELAND, FL 33806
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PATRICIA EISENHAUER
5.3 STREET ADDRESS	5 EAGLES NEST NW
5.4 CITY-ST-ZIP	WINTER HAVEN FL. 33881
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)