# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Feb 12, 2004 8:00 am**
**Secretary of State**
02-12-2004 90033 009 ****61.25

DOCUMENT # 723788

1. Entity Name

COLLEGE OF LIFE FOUNDATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 8661 CORKSCREW RD<br>ESTERO FL 33928<br>US | P.O. BOX 97<br>ESTERO FL 33928<br>US |

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

J4U14646

MOORE CR2E037 (11/03)

4. FEI Number 59-1463053 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| COX, JOE B ESQ.<br>~~3001 TAMIAMI TRAIL NORTH, 4TH FLOOR~~<br>~~NAPLES FL 34103~~ | Name<br>Street Address (P.O. Box Number is Not Acceptable) 1185 Imokalee Rd., Ste. 110<br>Naples, FL 34110<br>City FL Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PT<br>DAURAY, CHARLES<br>PO BOX 97<br>ESTERO FL 33928 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VT<br>COX, JOE B<br>~~3001 TAMIAMI TRL N~~<br>~~NAPLES FL 34103~~ | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>1185 Imokalee Rd., Ste. 110<br>Naples, FL, 34110 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>REA, SARA W<br>6777 WINKLER RD., F-126<br>FT. MYERS FL 33919 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Sara W. Rea Sara W. Rea 02/09/04 239-992-2104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #