

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 723788 1. Entity Name COLLEGE OF LIFE FOUNDATION, INC.	
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Principal Place of Business 8661 CORKSCREW RD ESTERO, FL 33928 US	Mailing Address P.O. BOX 97 ESTERO, FL 33928 US
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02032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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 COX, JOE B ESQ. 1185 IMOKALEE RD. STE. 110 NAPLES, FL 34110

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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)

**Filing Fee is \$61.25
Due by May 1, 2006**

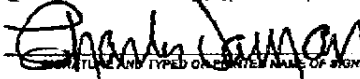
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

1100000478316
04/08/06-80001-001 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PT DAURAY, CHARLES PO BOX 97 ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VT COX, JOE B 1185 IMOKALEE RD., STE. 110 NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST- ZIP	ST REA, SARA W 6777 WINKLER RD., F-126 FT. MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **3/20/06** Date **2399922184** Digitized File #