


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2008 08:00 AM
Secretary of State

| | |
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| 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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01242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-1463053 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 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) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

U000000809154
02/08/08-90010-014 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 | |

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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: Charles Dauray 1/28/2008 2999522184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #