

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733268** (7)

1. Corporation Name

LIFEACTION ADVOCATES, INC.

Principal Place of Business

**8129 SW 57TH PLACE
GAINESVILLE FL 32608**

Mailing Address

**8129 SW 57TH PLACE
GAINESVILLE FL 32608**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/10/1975	3a. Date of Last Report 03/10/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2144783	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BOB, WICKHAM
6715 NW 63RD AVE.
GAINESVILLE FL 32653**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 Bob Wickham (NOTE: Registered Agent signature required when reinstating) Bob Wickham, Registered agent/President 7/15/96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOB WICKHAM	1.2 NAME	
STREET ADDRESS	6715 N.W. 63RD AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 00000	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, JOHN	2.2 NAME	
STREET ADDRESS	2210 N.W. 58TH TERRACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, GIBBY	3.2 NAME	
STREET ADDRESS	8129 SW 57TH PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE, FL 00000	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, LEE	4.2 NAME	
STREET ADDRESS	RT 2 BOX 121 NA	4.3 STREET ADDRESS	
CITY - ST - ZIP	MICANOPY FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	George White
STREET ADDRESS		5.3 STREET ADDRESS	2650 B SW 38 PL
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Gainesville FL 32607
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: John L. Gordon REQUIRED Secretary 7/15/96 352 373 468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)