


FILE NOW: FILING FEE IS \$61.25

FILED  
May 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 733268 (7)**

1. Corporation Name  
**LIFEACTION ADVOCATES, INC.**

Principal Place of Business <b>8129 SW 57TH PLACE GAINESVILLE FL 32608</b>	Mailing Address <b>8129 SW 57TH PLACE GAINESVILLE FL 32608</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**BOB, WICKHAM  
8715 NW 63RD AVE.  
GAINESVILLE FL 32653**

3. Date Incorporated or Qualified  
**07/10/1975**

4. FEI Number  
**59-2144783**

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 Bob Wickham President DATE: 5-14-98

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	BOB WICKHAM	
STREET ADDRESS	8715 N.W. 63RD AVENUE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON, JOHN	
STREET ADDRESS	2210 N.W. 58TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GORDON, GIBBY	
STREET ADDRESS	8129 SW 57TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LLOYD, LEE	
STREET ADDRESS	RT 2 BOX 121 NA	
CITY-ST-ZIP	MICANOPY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, GEORGE	
STREET ADDRESS	2850 B SW 38 PL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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.

GORDON GIBBY

SIGNATURE: Bob Wickham 5/14/98 352 272 4118

CR2E037 (10/97)