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**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90101 001 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 735320

1. Corporation Name  
**HERE'S LIFE, JACKSONVILLE, INC.**

Principal Place of Business	Mailing Address
8421 BAYMEADOWS WAY #3 JACKSONVILLE FL 32256-8223 US	8421 BAYMEADOWS WAY #3 JACKSONVILLE FL 32256-8223 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/18/1976
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1707033
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	<b>\$8.75</b> Additional Fee Required
Zip	Country	24
25	29	30
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
YOUNG, JIM 7693 LAS PALMAS WAY JACKSONVILLE FL 32256	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
	FL

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Freeman, Henry, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ENGLAND, JIM	1.2 NAME	4737 Carlisle Road
STREET ADDRESS	2515 SPREADING OAKS LN	1.3 STREET ADDRESS	Jacksonville, FL 32210
CITY-ST-ZIP	JACKSONVILLE FL 32223	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JIM	2.2 NAME	
STREET ADDRESS	7693 LAS PALMAS WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32256	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRENSHAW, MACK	3.2 NAME	
STREET ADDRESS	3855 ST. JOHNS AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32205	3.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEEHNER, JOHN	4.2 NAME	
STREET ADDRESS	2913 BERNICE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, JOHN	5.2 NAME	
STREET ADDRESS	2451 S PONTE VEDRA BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	5.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLAHR, RICH	6.2 NAME	
STREET ADDRESS	3704 SAN VISCAYA DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	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, with all other like empowered.

SIGNATURE: *Jim Young* 1/7/99 904/448-0237  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)