

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90121 037 ****61.25

DOCUMENT # 745878

1. Corporation Name

THE LIFE CENTER, INC.

Principal Place of Business

819 PARK ST
JACKSONVILLE FL 32204-3322

Mailing Address

819 PARK ST
JACKSONVILLE FL 32204-3322



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/08/1979

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1924793

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UTSEY, VERNIE F
819 PARK ST
JACKSONVILLE FL 32204

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME BRYSON, E.E.
STREET ADDRESS 1360 HOLLYWOOD AVENUE
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME ROBERTSON, TOM
STREET ADDRESS 5201 ATLANTIC BLVD. STE. 244
CITY-ST-ZIP JACKSONVILLE FL

1.2 NAME ☐ Change ☐ Addition

TITLE S ☒ DELETE

NAME MOULTON, BARBARA
STREET ADDRESS 13258 WEST MOBY DICK DR
CITY-ST-ZIP JACKSONVILLE FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME FIELD, DON
STREET ADDRESS 5201 ATLANTIC BLVD STE. 241
CITY-ST-ZIP JACKSONVILLE FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P ☐ DELETE

NAME FROST, JEAN
STREET ADDRESS 3715 HEDRICK STREET
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME SIESKY, TOMMIE
STREET ADDRESS 4867 WATER OAK LN
CITY-ST-ZIP JACKSONVILLE FL

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean Frost
President

1-14-99

904/356-1423

Date

Daytime Phone #

CR2E037 (11/98)

THE LIFE CENTER
819 PARK ST
JACKSONVILLE, FLA
BOARD OF DIRECTORS 1998-99

176980-90121-37
745878

Ms. Jean Frost, President	3618 Riverside Ave., Jax, Fla	32205	387-4869
Tom Robertson, Vice-President	5201 Atlantic Blvd #244, Jax	32207	399-5772
Eleanor Stoddard, Secretary	4255 Venetia Blvd, Jax	32210	388-1053
Phil Cameron, Treasurer	9960 Regency Sq. Blvd #619 Jax, Fla	32225	727-7579
E. E. Bryson	1360 Hollywood Ave, Jax	32205	389-1094
Don Field	5201 Atlantic Blvd #241 Jax, Fla.	32207	399-8243
Mrs. Grace Field	5201 Atlantic Blvd #241	32207	399-8243
Leroy Johnson	2321 Cedar Shores Circle, Jax	32210	786-6524
Mrs. Estelle Jones	1457 W. State Street, Jax	32209	354-2109
Jay Kurras	4724 Devon Lane, Jax	32210	384-4914
Mrs. Santa Mann	20 Seminole Landing Road Atlantic Beach, Fla	32233	241-4013
Mrs. Dana Moore	4301 Confederate Pt Road #244 Jax, Fla.	32210	779-6765
Mrs. Tommie Siesky	4867 Water Oak Lane, Jax	32210	388-8887
Jonas Wasser, am	511 Plainfield Ave #2 Orange Park, Fla	32073	278-1940
Dr. Wayne Williams, Minister	Riverside Park United Methodist Church		
Re. Chuck Herron, Minister	Riverside Park United Methodist Church		

STAFF

William R. Finn	9790 Orr Court, So, Jax 32246	641-4961
Vernie F. Utsey	4221 Colonial Ave, Jax 32210	389-9556