

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745878

FILED
Mar 20, 2009
Secretary of State

Entity Name: THE LIFE CENTER, INC.

Current Principal Place of Business:

819 PARK ST
JACKSONVILLE, FL 322043322

New Principal Place of Business:

Current Mailing Address:

819 PARK ST
JACKSONVILLE, FL 322043322

New Mailing Address:

FEI Number: 59-1924793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FINN, WILLIAM R
819 PARK ST
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: CHAPMAN, RUSS
Address: 5931 BUCKLEY DR.
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: ALLISON, KATIE
Address: 5201 ATLANTIC BLVD.
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: LEWIS, JIM
Address: 3648 RIVERSIDE AVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: T () Delete
Name: CHARPENTIER, ALBERT C
Address: 4203 WATER OAK LANE
City-St-Zip: JACKSONVILLE, FL 32210

Title: P () Delete
Name: FROST, JEAN
Address: 3618 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32205

Title: D () Delete
Name: RICKER, ALICE
Address: 1950 PAINE AVE. #54
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM R. FINN

DIRE

03/20/2009

Electronic Signature of Signing Officer or Director

Date