## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 745878** 

FILED Jan 20, 2010 Secretary of State

Entity Name: THE LIFE CENTER, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

819 PARK ST

JACKSONVILLE, FL 322043322

**Current Mailing Address: New Mailing Address:** 

819 PARK ST

JACKSONVILLE, FL 322043322

FEI Number: 59-1924793 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FINN, WILLIAM R FROST, JEAN S PRESIDE

819 PARK ST 819 PAŔK ST

JACKSONVILLE, FL 32204 US JACKSONVILLE, FL 32204 US

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: JEAN S. FROST 01/20/2010

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

CHAPMAN, RUSS Name: Address: 5931 BUCKLEY DR. City-St-Zip: JACKSONVILLE, FL 32244

Title: SECY

Name: GREENE, JOSEPHINE Address: 2132 MYRA ST.

City-St-Zip: JACKSONVILLE, FL 32204

Title: **TREA** LEWIS, JIM Name:

3648 RIVERSIDE AVE. Address: City-St-Zip: JACKSONVILLE, FL 32205

Title: MS

Name: PINKERTON, MILDRED 4358 TIMUQUANA RD #147 Address: City-St-Zip: JACKSONVILLE, FL 32210

Title:

FROST, JEAN Name:

3618 RIVERSIDE AVENUE Address: JACKSONVILLE, FL 32205 City-St-Zip:

Title:

RICKER, ALICE Name: Address: 1950 PAINE AVE. #54 JACKSONVILLE, FL 32211 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: JEAN S. FROST **PRES** 01/20/2010