## 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## **DOCUMENT# 745878**

FILED Apr 12, 2012 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 (X)

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

FROST, JEAN S PRESIDE 819 PARK ST

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

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: VP

 Name:
 CHAPMAN, RUSS

 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 Name: LEWIS, JIM

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

Title: MS

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

Title: F

Name: FROST, JEAN

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

Title: [

 Name:
 RICKER, ALICE

 Address:
 1950 PAINE AVE. #54

 City-St-Zip:
 JACKSONVILLE, FL 32211

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 04/12/2012