

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770470

FILED  
Jan 17, 2009  
Secretary of State

Entity Name: TRUE LIFE CHOICE, INC.

## Current Principal Place of Business:

2992 EDGEWATER DR  
ORLANDO, FL 32804

## New Principal Place of Business:

## Current Mailing Address:

2992 EDGEWATER DR  
ORLANDO, FL 32804

## New Mailing Address:

P.O. BOX 547729  
ORLANDO, FL 32854

FEI Number: 59-2343999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BOZRATH, SHARON  
TRUE LIFE CHOICE  
2992 EDGEWATER DRIVE  
ORLANDO, FL 32804 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: P ( ) Delete  
Name: BOZRATH, SHARON  
Address: 1205 VIA LUGANO  
City-St-Zip: WINTER PARK, FL 32780

Title: D ( ) Delete  
Name: GREEN, ELIZABETH  
Address: 3302 DUPREE AV  
City-St-Zip: ORLANDO, FL 32806

Title: T ( ) Delete  
Name: MANSFIELD, MARK  
Address: 4630 S KIRKMAN ROAD  
City-St-Zip: ORLANDO, FL 32811

Title: S ( ) Delete  
Name: WEBER, THOMAS  
Address: 18725 SOUTH O'BRIEN DR  
City-St-Zip: GROVELAND, FL 34736

Title: D ( ) Delete  
Name: JOHNSON, BOYD  
Address: 322 EAST CENTRAL BLVD  
City-St-Zip: ORLANDO, FL 32801

Title: V ( ) Delete  
Name: GORDON, THOMAS  
Address: 515 BRAMBLEWOOD CT  
City-St-Zip: LONGWOOD, FL 32779

## 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  
Name:  
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: MARK MANSFIELD

T

01/17/2009

Electronic Signature of Signing Officer or Director

Date