

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 847659
1. Corporation Name
LIFE COLLEGE, INC.

Principal Place of Business: **1269 Barclay Circle Marietta, GA 30060**
Mailing Address: **1269 Barclay Circle Marietta, GA 30060**

3. Date Incorporated or Qualified: **12/9/1980**
3a. Date of Last Report: **1/19/95**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite Apt #, etc.	2b. Mailing Address	58-1216007	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Zip	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent

**Thornton, Kenneth E.
100 2nd Avenue, S., Suite 701
City Center Bldg.
St. Petersburg, FL 33601**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	100001769871
83. City	-04/04/96--01097--016
84. City	***61.25
85. Zip Code	FL

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 the applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD XX DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SID E. DR.	1.2 NAME	WILLIAMS, SID E. DR.
STREET ADDRESS	VELMA DRIVE	1.3 STREET ADDRESS	1269 Barclay Circle
CITY-ST-ZIP	POWDER SPRINGS, GA	1.4 CITY-ST-ZIP	Marietta, GA 30060
TITLE	VST XX DELETE	2.1 TITLE	V/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, NELL K. DR.	2.2 NAME	WILLIAMS, NELL K. DR.
STREET ADDRESS	VELMA DR.	2.3 STREET ADDRESS	1269 Barclay Circle
CITY-ST-ZIP	POWDER SPRINGS, GA	2.4 CITY-ST-ZIP	Marietta, GA 30060
TITLE	VD XX DELETE	3.1 TITLE	V (ACTING) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTES, MORRIS W.	3.2 NAME	WILLIAMS, BEN H.
STREET ADDRESS	2798 SADDLEBROOK WAY	3.3 STREET ADDRESS	1269 Barclay Circle
CITY-ST-ZIP	MARIETTA, GA	3.4 CITY-ST-ZIP	Marietta, GA 30060
TITLE	V XX DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HITCHCOCK, HUBERT DR.	4.2 NAME	SMITH, MARIE B. DR.
STREET ADDRESS	RT. 2, KRISTIE CIR.	4.3 STREET ADDRESS	4700 College Oak Drive
CITY-ST-ZIP	POWDER SPRINGS, GA	4.4 CITY-ST-ZIP	Sacramento, CA
TITLE	V XX DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIMBROUGH, MILDRED	5.2 NAME	SCROGGINS, LEE A.
STREET ADDRESS	1271 AVALON PLACE	5.3 STREET ADDRESS	888 Concord Rd.
CITY-ST-ZIP	ATLANTA, GA	5.4 CITY-ST-ZIP	Smyrna, GA 30080
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	RIBLEY, CHARLES DR.
STREET ADDRESS		6.3 STREET ADDRESS	2001 Brinson #108
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lutz, FL 33549

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *B. Williams*
BEN H. WILLIAMS, V.P. (ACTING)

Date: **3-25-96** (770) 424-0554
Daytime Phone ext. 275

CR2E037 (12/95)