

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 847659 (0)**1. Corporation Name
LIFE COLLEGE, INC.

Principal Place of Business

**1269 BARCLAY CIR.
MARIETTA GA 30060**

Mailing Address

**1269 BARCLAY CIR.
MARIETTA GA 30060-2803**3. Date Incorporated or Qualified
12/09/19803a. Date of Last Report
04/04/1996

4. FEI Number

58-1216007

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**THORNTON, KENNETH E
100 2ND AVE. S., SUITE 701
CITY CENTER BLDG.
ST. PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, SID E DR.	
STREET ADDRESS	1269 BARCLAY CIRCLE	
CITY-ST-ZIP	MARIETTA GA 30060	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	WILLIAMS, NELL K DR.	
STREET ADDRESS	1269 BARCLAY CIRCLE	
CITY-ST-ZIP	MARIETTA GA 30060	
TITLE	V(A)	<input type="checkbox"/> DELETE
NAME	WILLIAMS, BEN H	
STREET ADDRESS	1269 BARCLAY CIRCLE	
CITY-ST-ZIP	MARIETTA GA 30060	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SMITH, MARIE B DR	
STREET ADDRESS	4700 COLLEGE OAK DRIVE	
CITY-ST-ZIP	SACRAMENTO CA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCROGGINS, LEE A	
STREET ADDRESS	888 CONCORD RD.	
CITY-ST-ZIP	SMYRNA GA 30080	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RIBLEY, CHARLES DR	
STREET ADDRESS	2001 BRINSON #108	
CITY-ST-ZIP	LUTZ FL 33549	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

SIGNATURE: *[Signature]* **BENJAMIN D. WILLIAMS**

January 17, 1997 (770) 426-2632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075367

CR2E037 (9/96)