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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified

12/09/1980

4. FEI Number

58-1216007

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 checked="" 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	VICE PRESIDENT OF FINANCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENJAMIN H. WILLIAMS	
1.3 STREET ADDRESS	1269 Barclay Circle	
1.4 CITY-ST-ZIP	Marietta, GA 30060	

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 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.

770 426-2635

SIGNATURE:

Benjamin H. Williams

Benjamin H. Williams, VP Finance 1-21-98

CR2E037 (10/97)