

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-30-2004 90001 026 ****61.25

DOCUMENT # F00000005787

1. Entity Name
LIFE UNIVERSITY, INC.



Principal Place of Business
**1269 BARCLAY CIRCLE
MARIETTA, GA 30060**

Mailing Address
**1269 BARCLAY CIRCLE
MARIETTA, GA 30060**

54070592



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08262004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
58-1216007

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THORNTON, KENNETH E
100 SECOND AVENUE SOUTH
ST. PETERSBURG, FL 33701**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CFO ☒ Delete
NAME BERRY, WESLEY A
STREET ADDRESS 1269 BARCLAY CIRCLE
CITY-ST-ZIP MARIETTA, GA 30060

TITLE V ☒ Change ☐ Addition
NAME JARR, WILLIAM D.
STREET ADDRESS 1269 BARCLAY CIRCLE
CITY-ST-ZIP MARIETTA, GA 30060

TITLE CEO ☒ Delete
NAME DESPAIN, BEN C
STREET ADDRESS 1269 BARCLAY CIRCLE
CITY-ST-ZIP MARIETTA, GA 30060

TITLE P ☒ Change ☐ Addition
NAME RIEKEMAN, GUY F. DR.
STREET ADDRESS 1269 BARCLAY CIRCLE
CITY-ST-ZIP MARIETTA, GA 30060

TITLE T ☒ Delete
NAME DEBONIS, ROBERT J DR.
STREET ADDRESS 127 W 79TH STREET # 6
CITY-ST-ZIP NEW YORK, NY 10024

TITLE T ☒ Change ☐ Addition
NAME RIBLEY, CHARLES DR.
STREET ADDRESS 6736 VISTA DEL LOGO
CITY-ST-ZIP LAND OF LAKES, FL 34639

TITLE T ☐ Delete
NAME GORMAN, SHARON DR.
STREET ADDRESS 664 PENN ESTATES
CITY-ST-ZIP EAST STROUDSBURG, PA 18301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME KLAPP, THOMAS M
STREET ADDRESS 4748 WASHTENAW AVE
CITY-ST-ZIP ANN ARBOR, MI 48108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME NIX, KENNETH O
STREET ADDRESS 30 WADDELL STREET
CITY-ST-ZIP MARIETTA, GA 30090

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/26/04

Date

Daytime Phone #

770-426-2623