

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90011 034 ****61.25

DOCUMENT # N00000000216

1. Entity Name

LIFEWORKS JACKSONVILLE, INC.



Principal Place of Business

6015 CHESTER CIRCLE
111
JACKSONVILLE FL 32217

Mailing Address

6015 CHESTER CIRCLE
111
JACKSONVILLE FL 32217

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3700440

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALTMAN, NANCY
6015 CHESTER CIRCLE
111
JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

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

FILE NOW: FEE IS \$61.25
Due By May 1, 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

TITLE TD
NAME RHODES, J.T. CPA ☐ Delete
STREET ADDRESS 1566 RHODES PL. W.
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE VPD
NAME KEEL, DAVID ☐ Delete
STREET ADDRESS 4582 WHISPERING INLET DR.
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE SD
NAME ALEXANDER, CHRIS ☐ Delete
STREET ADDRESS 670 WARNER RD.
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043

TITLE P
NAME ALTMAN, NANCY H ☐ Delete
STREET ADDRESS 1142 MORVENWOOD ROAD
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D
NAME LAMEY, DANNY ☐ Delete
STREET ADDRESS 8613 HUNTERS DR.
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE D
NAME BALANKY, PAT ☒ Delete
STREET ADDRESS 12521 ALADDIN RD.
CITY-ST-ZIP JACKSONVILLE FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE EAST, GLENN ☐ Change ☒ Addition
NAME 12343 AUTUMNBROOK TERRACE W
STREET ADDRESS JACKSONVILLE FL 32258
CITY-ST-ZIP

TITLE VPD
NAME KEEL, DAVID ☒ Change ☐ Addition
STREET ADDRESS 4582 WHISPERING INLET DR
CITY-ST-ZIP JACKSONVILLE FL 32277

TITLE D
NAME ZEE DAVIS ☐ Change ☒ Addition
STREET ADDRESS 4045 Caguina Dr
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE D
NAME MILLER, MICHAELA ☐ Change ☒ Addition
STREET ADDRESS 1419 RIVER OAKS RD
CITY-ST-ZIP JACKSONVILLE FL 32207

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

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

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

Date

Daytime Phone #

2/17/04 904/37-4565