

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000216

FILED  
Mar 16, 2005  
Secretary of State

Entity Name: LIFEWORKS JACKSONVILLE, INC.

## Current Principal Place of Business:

6015 CHESTER CIRCLE  
111  
JACKSONVILLE, FL 32217

## New Principal Place of Business:

## Current Mailing Address:

6015 CHESTER CIRCLE  
111  
JACKSONVILLE, FL 32217

## New Mailing Address:

FEI Number: 59-3700440      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALTMAN, NANCY  
6015 CHESTER CIRCLE  
111  
JACKSONVILLE, FL 32217 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: RHODES, J.T. CPA  
Address: 1566 RHODES PL. W.  
City-St-Zip: JACKSONVILLE, FL 32205

Title: VPD ( ) Delete  
Name: KEEL, DAVID  
Address: 4582 WHISPERING INLET DR.  
City-St-Zip: JACKSONVILLE, FL 32277

Title: SD ( ) Delete  
Name: ALEXANDER, CHRIS  
Address: 870 WARNER RD.  
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: P ( ) Delete  
Name: ALTMAN, NANCY H  
Address: 1142 MORVENWOOD ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: LAMEY, DANNY  
Address: 8613 HUNTERS DR.  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D ( ) Delete  
Name: EAST, GLENN  
Address: 12343 AUTUMBROOK TERRACE W.  
City-St-Zip: JACKSONVILLE, FL 32258

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MILLER, MICHAELA  
Address: 1419 RIVER OAKS RD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: GRUENTZEL, JIM  
Address: 2584 HALPERNS WAY  
City-St-Zip: MIDDLEBURG, FL 32068

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY H ALTMAN

P

03/16/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date