# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 12, 2003 8:00 am**
**Secretary of State**

05-12-2003 90233 035 ****61.25

C04B01A1

DOCUMENT # N00000003919

1. Entity Name
CRYSTAL LIFE ACADEMY INC.

Principal Place of Business
P.O. BOX 8034
CYPRESS GARDENS FL 33884-0009

Mailing Address
P.O. BOX 8034
CYPRESS GARDENS FL 33884-0009

2. Principal Place of Business
P.O. Box 208
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 208
Suite, Apt. #, etc.

☑ CHECK HERE IF MAKING CHANGES

City & State: Lake Hamilton FL
Zip: 33851 Country: America

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Zip: 33851 Country: America

4. FEI Number 59-3650275 — Applied For / Not Applicable

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

**6. Name and Address of Current Registered Agent**

MARKS, LAURA
133 WHITMAN ROAD
WINTER HAVEN FL 33884-2356

**7. Name and Address of New Registered Agent**

Name: Marks, Laura
Street Address (P.O. Box Number is Not Acceptable): 208 Lawson St
City: Lake Hamilton FL Zip Code: 33851

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: Laura Hooper Marks — Laura Hooper Marks — 4-10-03
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**

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 | D ☐ Delete | TITLE | D ☑ Change ☐ Addition |
| NAME | MARKS, LAURA | NAME | marks, Laura |
| STREET ADDRESS | 133 WHITMAN ROAD | STREET ADDRESS | 208 Lawson. |
| CITY-ST-ZIP | WINTER HAVEN FL 33884-2356 | CITY-ST-ZIP | Lake Hamilton FL 33851 |
| TITLE | D ☐ Delete | TITLE | D ☑ Change ☐ Addition |
| NAME | MARKS, JOSEPH | NAME | marks, Joseph |
| STREET ADDRESS | 133 WHITMAN ROAD | STREET ADDRESS | 208 Lawson. |
| CITY-ST-ZIP | WINTER HAVEN FL 33884-2356 | CITY-ST-ZIP | Lake Hamilton FL 33851 |
| TITLE | D ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | HOOPER, LINDA | NAME | |
| STREET ADDRESS | 7191 LEISURE ROAD | STREET ADDRESS | |
| CITY-ST-ZIP | HAINES CITY FL 33844 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

CR2E037 (10/02)

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.

Laura Hooper

attachment
10104065

Crystal Life Academy Inc.
#N00000003919

On 4-10-03 I mailed a check + this form from the Cypress Gardens Post office. The Post office closed without warning and this check along with the other 2 I mailed that day never cleared the bank. I called your office 5-7-03 and was told to send another check. Thank you for your attention.

Laura Marks
863-439-2820
P O Box 208
Lake Hamilton FL 33851

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