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

DOCUMENT # N00000003919

1. Entity Name
CRYSTAL LIFE ACADEMY INC.

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

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
P.O. Box 208	P.O. Box 208
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Hamilton FL	City & State: Lake Hamilton FL
Zip: 33851 Country: America	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARKS, LAURA 133 WHITMAN ROAD WINTER HAVEN FL 33884-2356	☐ Delete	D marks, Laura 208 Lawson. Lake Hamilton FL 33851	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARKS, JOSEPH 133 WHITMAN ROAD WINTER HAVEN FL 33884-2356	☐ Delete	D marks, Joseph 208 Lawson. Lake Hamilton FL 33851	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOOPER, LINDA 7191 LEISURE ROAD HAINES CITY FL 33844	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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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