

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005973

FILED
Mar 22, 2005
Secretary of State

Entity Name: CHILDREN OF GOD FOR LIFE, INC.

Current Principal Place of Business:

2130 CATALINA DRIVE
CLEARWATER, FL 33764

New Principal Place of Business:

943 DEVILLE DR E
LARGO, FL 33771 US

Current Mailing Address:

2130 CATALINA DRIVE
CLEARWATER, FL 33764

New Mailing Address:

943 DEVILLE DR E
LARGO, FL 33771 US

FEI Number: 59-3671214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINNEDGE, DEBRA L
2130 CATALINA DRIVE
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

VINNEDGE, DEBRA L
943 DEVILLE DR E
LARGO, FL 33771 US

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: DEBRA L. VINNEDGE

03/22/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PED () Delete
Name: VINNEDGE, DEBRA L
Address: 2130 CATALINA DRIVE
City-St-Zip: CLEARWATER, FL 33764

Title: VPD () Delete
Name: SAXER, ROBERT MD
Address: 914 WOODBRIAR COURT
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: DST () Delete
Name: HALISKY, JAN
Address: 507 SOUTH PROSPECT
City-St-Zip: CLEARWATER, FL 34616

Title: VP () Delete
Name: BROWN, JUDIE
Address: 1179 COURTHOUSE RD
City-St-Zip: STAFFORD, VA 22554

Title: VP () Delete
Name: CARPENTER, JAY MD
Address: 612 HARBOR ISLAND
City-St-Zip: CLEARWATER, FL 33767

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: DEBRA L. VINNEDGE

PRES

03/22/2005

Electronic Signature of Signing Officer or Director

Date