2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000007180

1. Entity Name
CITY OF LIFE FOUNDATION, INC.

Principal Place of Business	Mailing Address
311 ALTAMONTE COMMERCE BLVD SUITE 1612 ALTAMONTE SPRINGS, FL 32714	311 ALTAMONTE COMMERCE BLVD SUITE 1612 ALTAMONTE SPRINGS, FL 32714

DO NOT WRITE IN THIS SPACE

04132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3682123
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ANDERSON, KATHLEEN S
311 ALTAMONTE COMM BLVD
SUITE 1612
ORLANDO, FL 32714

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	YOUNG, JOE FATHER
STREET ADDRESS	3348 EDGEWATER DRIVE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	VPTD
NAME	DEMETREE, MARY
STREET ADDRESS	3348 EDGEWATER DRIVE
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	SD
NAME	ANDERSON, KATHLEEN S
STREET ADDRESS	311 ALTAMONTE COMMERCE BLVD., STE 1612
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/29/04-80086-009 61.25

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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: Mary K Demetree 4/26/04 (407) 422-8191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #