

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007180

FILED
Apr 25, 2005
Secretary of State

Entity Name: CITY OF LIFE FOUNDATION, INC.

Current Principal Place of Business:

311 ALTAMONTE COMMERCE BLVD
SUITE 1612
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

3348 EDGEWATER DRIVE
ORLANDO, FL 32804

Current Mailing Address:

311 ALTAMONTE COMMERCE BLVD
SUITE 1612
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-3682123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ANDERSON, KATHLEEN S
311 ALTAMONTE COMMERCE BLVD
SUITE 1612
ALTAMONTE SPRINGS, FL 32714 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: KATHLEEN S. ANDERSON

04/25/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: YOUNG, JOE FATHER
Address: 3348 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: VPTD () Delete
Name: DEMETREE, MARY
Address: 3348 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: SD () Delete
Name: ANDERSON, KATHLEEN S
Address: 311 ALTAMONTE COMMERCE BLVD., STE 1612
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VSTD (X) Change () Addition
Name: DEMETREE, MARY L
Address: 3348 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: CD (X) Change () Addition
Name: BUFFA, PATRICK
Address: 3348 EDGEWATER DRIVE
City-St-Zip: ORLANDO, FL 32804

Title: D () Change (X) Addition
Name: BROWN, JERRY
Address: 6441 E. COLONIAL DRIVE
City-St-Zip: ORLANDO, FL 32807

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: MARY L. DEMETREE

VSTD

04/25/2005

Electronic Signature of Signing Officer or Director

Date