

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 30, 2006 8:00 am**  
**Secretary of State**

05-30-2006 90038 034 \*\*\*\*61.25

DOCUMENT # N00000007180

1. Entity Name  
CITY OF LIFE FOUNDATION, INC.



Principal Place of Business  
3348 EDGEWATER DRIVE  
ORLANDO, FL 32804

Mailing Address  
311 ALTAMONTE COMMERCE BLVD  
SUITE 1612  
ALTAMONTE SPRINGS, FL 32714



2. Principal Place of Business  
2600 TECHNOLOGY DRIVE

3. Mailing Address  
P.O. BOX 3707

Suite, Apt. #, etc.  
SUITE 250

Suite, Apt. #, etc.

05242006 Chg-NP CR2E037 (4/06)

City & State  
ORLANDO, FL

City & State  
ORLANDO, FL

4. FEI Number  
59-3682123

Applied For  
Not Applicable

Zip  
32804

Country

Zip  
32802

Country

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

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by September 6, 2006

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, JOE FATHER 3348 EDGEWATER DRIVE ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD DEMETREE, MARY L 3348 EDGEWATER DRIVE ORLANDO, FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BUFFA, PATRICK 3348 EDGEWATER DRIVE ORLANDO, FL 32804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, JERRY 6441 E. COLONIAL DRIVE ORLANDO, FL 32807	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER ANDERSON, KATHLEEN S. 311 ALTAMONTE COMMERCE BLVD ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT GLYNN, GERARD 6441 E. COLONIAL DRIVE ORLANDO, FL 32807	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR DEMETREE, MARY L. 3348 EDGEWATER DRIVE ORLANDO, FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BUFFA, PATRICK J. 301 E. PINE STREET ORLANDO, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MILLER, KYLE C. 1485 E. SEMORAN BLVD, SUITE 1448 WINTER PARK, FL 32792	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR KILSHEIMER, JOE 1513 LEOPARD COURT APOPKA, FL 32712	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT GOREN, VIRGINIA 530 E. CENTRAL BLVD ORLANDO, FL 32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Kathleen Anderson* Treasurer 5/25/06 407-862-8672