

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007362

FILED
Apr 30, 2008
Secretary of State

Entity Name: K-LIFE OF ST. PETERSBURG, INC.

Current Principal Place of Business:

806 18TH AVE NE
SAINT PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

1353 LAKESHORE DRIVE
BRANSON, MO 65616

New Mailing Address:

FEI Number: 59-3663810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS
1203 GOVERNOR'S SQUARE BLVD., STE. 101
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STRICKLAND, THOMAS
Address: 4119 BAYSHORE BLVD NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: T () Delete
Name: MOENCH, CHRIS
Address: 1091 EDEN ISLE DRIVE NE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: S () Delete
Name: DICKHAUS, PHIL
Address: 4050 13 WAY NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: M () Delete
Name: REINHART, KEN
Address: 1159 45TH AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: M () Delete
Name: ROTHWELL, JEFF
Address: 1100 42ND AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: M () Delete
Name: FOSTER, BILL
Address: 5079 DOVER STREET NE
City-St-Zip: SAINT PETERSBURG, FL 33703

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
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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 exemption stated 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 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: KARLA MCCULLOUGH

AA

04/30/2008

Electronic Signature of Signing Officer or Director

Date