


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 15, 2004 8:00 am**  
**Secretary of State**

06-15-2004 90005 001 \*\*\*\*\*8.75  
06-15-2004 90005 002 \*\*\*\*\*62.00

<b>DOCUMENT #</b> N01000000553	
<b>1. Entity Name</b> CELEBRATE LIFE, INC.	

<b>Principal Place of Business</b> 1920 S.W. 72nd St. Gainesville, FL 32607	<b>Mailing Address</b> P.O. Box 14423 Gainesville, FL 32604
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66428094



05062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3091981	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> Angela V. Woodhull 1920 SW 72ND STREET GAINESVILLE, FL 32607
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**DO NOT WRITE  
IN THIS SPACE**

<b>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.</b>	
<b>SIGNATURE</b> <i>Angela V. Woodhull</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b> 5-28-04

<b>Filing Fee is \$61.25 Due by September 8, 2004</b>	<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P Angela V. Woodhull 1920 SW 72ND STREET GAINESVILLE, FL 32607
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VST Jennifer L. Woodhull 3216 Holliday Avenue Apopka, FL 32703
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D Laurel Laganier 3216 Holliday Avenue Apopka, FL 32703
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

<b>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.</b>	
<b>SIGNATURE:</b> <i>Angela V. Woodhull</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>DATE</b> 5-28-04 <sup>(352)</sup> <b>Daytime Phone #</b> 333-8588



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

May 6, 2004

CELEBRATE LIFE, INC.  
PO BOX 1664  
ALACHUA, FL 32616-1664

SUBJECT: CELEBRATE LIFE, INC.  
Ref. Number: N01000000553

We have received your document for CELEBRATE LIFE, INC. and check(s) totaling \$62.50. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

**TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Marquitta Williams  
Document Specialist

Letter Number: 804A00031132