

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90316 013 \*\*\*\*61.25

|   |   |  |  |   |  |
|---|---|--|--|---|--|
| <b>DOCUMENT # N01000002350</b><br>1. Entity Name<br><b>GIFT OF LIFE COMMUNITY SERVICES, INC.</b>  |   |  |  |   |  |
| Principal Place of Business<br><b>4425 PARK BLVD<br/>PINELLAS PARK, FL 33781</b>  |   |  | Mailing Address<br><b>4425 PARK BLVD<br/>PINELLAS PARK, FL 33781</b> |   |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |   |  |
| City & State  |   | City & State   |  |   |  |
| Zip   | Country   | Zip  | Country  |   |  |
| 4. FEI Number<br><b>59-3710395</b>  |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |  | <b>\$8.75 Additional Fee Required</b>                             |  |
| 6. Name and Address of Current Registered Agent   |   |  | 7. Name and Address of New Registered Agent                          |   |  |
| <b>DAVIS, CLIFF<br/>7625 LEATHER FERN CT<br/>PINELLAS PARK, FL 33782</b>  |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City   |   |  |
|   |   |  | State <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>                                |  |
|   |   | <b>Make check payable to Florida Department of State</b>                         |  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PSD<br><b>DAVIS, CLIFF<br/>762 LEATHER FERN CT<br/>PINELLAS PARK, FL 33782</b> <input type="checkbox"/> Delete      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VTD<br><b>FRICKER, JOHN<br/>14554 90TH AVE N<br/>SEMINOLE, FL 33772</b> <input type="checkbox"/> Delete             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>SNOKE, BLAIR DR<br/>13611 PARK BLVD<br/>SEMINOLE, FL 33776</b> <input type="checkbox"/> Delete              |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>SLAUGHTER, DREMA<br/>P O BOX 91207<br/>LAKELAND, FL 33804</b> <input type="checkbox"/> Delete               |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>PENSA, ROBERT DR<br/>9911 SEMINOLE BLVD, SUITE A<br/>SEMINOLE, FL 33772</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br><b>DAVIS, LISA<br/>7625 LEATHER FERN CT<br/>PINELLAS PARK, FL 33782</b> <input type="checkbox"/> Delete        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| 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>SIGNATURE:</b> _____   |   |  | Date <b>4/23/04</b> Daytime Phone #                                  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  |  |   |  |