

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002350

FILED  
Apr 04, 2007  
Secretary of State

**Entity Name:** GIFT OF LIFE COMMUNITY SERVICES, INC.

**Current Principal Place of Business:**

4425 PARK BLVD  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

150 2ND AVENUE NORTH  
1600  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

4425 PARK BLVD  
PINELLAS PARK, FL 33781

**New Mailing Address:**

150 2ND AVENUE NORTH  
ST.PETERSBURG, FL 33701

**FEI Number:** 59-3710395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVIS, CLIFF  
288 BEACH DR. NE #12B  
ST. PETERSBURG, FL 33701 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: PSD ( ) Delete  
Name: DAVIS, CLIFF  
Address: 288 BEACH DR. NE #12B  
City-St-Zip: ST. PETERSBURG, FL 33781

Title: VTD ( ) Delete  
Name: SCHARRER, LEE  
Address: 1040 FAWN CT.  
City-St-Zip: OLDSMAR, FL 33781

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: CLIFF DAVIS

PSD

04/04/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date