

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003148

FILED
Apr 26, 2004
Secretary of State

Entity Name: PHASES OF LIFE OF JACKSONVILLE, INC.

Current Principal Place of Business:

12743 CAMELLIA BAY DR. E.
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

12743 CAMELLIA BAY DR. E.
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 03-0424078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOORE, ANTHONY
12743 CAMELLIA BAY DR. E.
JACKSONVILLE, FL 32223

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: D () Delete
Name: MOORE, ANTHONY
Address: 12743 CAMELLIA BAY DR. E.
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: DANIELS, DARRYL
Address: 3559 BARELL SPRINGS RD.
City-St-Zip: JACKSONVILLE, FL 32073

Title: D () Delete
Name: BENNETT, CHARLES
Address: 11536 COLLINS CRK. DR.
City-St-Zip: JACKSONVILLE, FL 32258

Title: D () Delete
Name: MOORE, LISA
Address: 12743 CAMELLIA BAY DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32223

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DANIELS, DARRYL
Address: 3559 BARRELL SPRINGS RD.
City-St-Zip: JACKSONVILLE, FL 32073

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: DANIELS, DENISE
Address: 3559 BARRELL SPRINGS RD.
City-St-Zip: JACKSONVILLE, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTHONY MOORE, JR.

D

04/26/2004

Electronic Signature of Signing Officer or Director

Date