

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006035

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: NATURAL LIFE FOR CHILDREN, INC.

**Current Principal Place of Business:**

10475 FORTUNE PARKWAY  
BLDG 200, STE 210  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

10475 FORTUNE PARKWAY  
BLDG 200, STE 210  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 59-3738183

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUGHES, PATRICIA L  
10475 FORTUNE PARKWAY  
210  
JACKSONVILLE, FL 32256 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: D ( ) Delete  
Name: HUGHES, PATRICIA L  
Address: 24 LA VISTA DR.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D ( ) Delete  
Name: OTTO, MICHELLE M  
Address: 1701 THE GREENS WAY #1222  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D ( ) Delete  
Name: WAUD, LISA  
Address: 629 LAKE STONE CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

**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:

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: JEFF STRUBLE

CFO

04/30/2009

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

\_\_\_\_\_  
Date