2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receiver or trichanged, or on an attachment with a

SIGNATURE:

address

Feb 18, 2004 8:00 am **Secretary of State** DOCUMENT # N02000000549 1. Entity Name 02-18-2004 90020 048 ****61.25 CHARITY OF LIFE FOUNDATION, INC. Principal Place of Business Mailing Address 10601 SE LAPARC DRIVE TEQUESTA FL 33469 10601 SE LAPARC DRIVE TEQUESTA FL 33469 2. Principal Place of Business 3. Mailing Address 725 North 725 Doith Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E037 (11/03) SULTE Soute Applied For 4. FEI Number Jupiter orida 74-3026233 rbiral 4 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired)5A USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Oliveria CORPORATE CREATIONS NETWORK INC. dress (P.O. Box Number is Not Acceptable) 941 FOURTH STREET #200 MIAMI BEACH FL 33139 R C-118 Zip Code 3347 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) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. MAGRUDER, DAVID Char 125 north AIA, Suite C-118 TITLE Delete TITLE MAGRUDER, DAVE NAME NAME 10601 SE LAPARC DRIVE STREET ADDRESS STREET ADDRESS TEQUESTA FL 33469 Jupiter, FL 33477 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Jenepoke, kenneth 12018 725 North AIA, Suite C-118 Addition SCHEPPKE, KENNETH NAME MARAE 10601 SE LAPARC DRIVE STREET ADDRESS STREET ADDRESS TEQUESTA FL 33469 Jupiter Florida 33477 CITY-ST-ZIP CITY-ST-ZIP Randall Sheppard Change ☐ Change Delete TITLE Addition TITLE TUMAN, JULES ---NAME 10601 SE LAPARC DRIVE STREET ADORESS STREET ADDRESS TEQUESTA FL 33469 CITY- ST- ZIP CITY-ST-ZIP ' ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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