

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001305

FILED  
Feb 08, 2005  
Secretary of State

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

**Current Principal Place of Business:**

121 5TH AVE.N.  
SAINT PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**

7625 LEATHER FERN CT  
PINELLAS PARK, FL 33782

**New Mailing Address:**

**FEI Number:** 02-0547671

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, CLIFF  
7625 LEATHER FERN CT  
PINELLAS PARK, FL 33782 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: DPS ( ) Delete  
Name: DAVIS, CLIFF  
Address: 7625 LEATHER FERN CT  
City-St-Zip: PINELLAS PARK, FL 33782

Title: D ( ) Delete  
Name: SLAUGHTER, DREMA  
Address: PO BOX 91207  
City-St-Zip: LAKELAND, FL 33804

Title: DVT (X) Delete  
Name: DAVIS, LISA  
Address: 7625 LEATHER FERN CT  
City-St-Zip: PINELLAS PARK, FL 33782

Title: D ( ) Delete  
Name: WHEATLEY, MARY  
Address: 617 HEATHERWOOD CT.  
City-St-Zip: TARPON SPRINGS, FL 34681

Title: D ( ) Delete  
Name: SLAUGHTER, DON  
Address: PO BOX 91207  
City-St-Zip: LAKELAND, FL 33804

**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:

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 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:** CLIFF DAVIS

DPS

02/08/2005

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

\_\_\_\_\_  
Date