

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001305

FILED
Apr 28, 2006
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:

288 BEACH DR. NE #12B
ST. PETERSBURG, FL 33701

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:

DAVIS, CLIFF
288 BEACH DR. NE #12B
ST. PETERSBURG, FL 33701 US

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: CHRIS KELSO

04/28/2006

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: DAVIS, CLIFF
Address: 288 BEACH DR. NE #12B
City-St-Zip: ST. PETERSBURG, FL 33701

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 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

DPA

04/28/2006

Electronic Signature of Signing Officer or Director

Date