

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90369 038 \*\*\*\*61.25

**DOCUMENT # N02000001305**

1. Entity Name

**GIFT OF LIFE RESIDENTIAL SERVICES, INC.**



Principal Place of Business

**7625 LEATHER FERN CT  
PINELLAS PARK FL 33782**

Mailing Address

**7625 LEATHER FERN CT  
PINELLAS PARK FL 33782**

2. Principal Place of Business

**121 5<sup>th</sup> Ave N**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ST Petersburg, FL**

City & State

Zip

**33701**

Country

**USA**

Country

4. FEI Number

**02-0547671**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DAVIS, CLIFF  
7625 LEATHER FERN CT  
PINELLAS PARK FL 33782**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ Delete  
NAME **DAVIS, CLIFF**  
STREET ADDRESS **7625 LEATHER FERN CT**  
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **D** ☐ Delete  
NAME **SLAUGHTER, DREMA**  
STREET ADDRESS **PO BOX 91207**  
CITY-ST-ZIP **LAKELAND FL 33804**

TITLE **DVT** ☐ Delete  
NAME **DAVIS, LISA**  
STREET ADDRESS **7625 LEATHER FERN CT**  
CITY-ST-ZIP **PINELLAS PARK FL 33782**

TITLE **D** ☐ Delete  
NAME **WHITE, JACQUELYN**  
STREET ADDRESS **5464 ISLAND AVE**  
CITY-ST-ZIP **SEMINOLE FL 33772**

TITLE **D** ☐ Delete  
NAME **SLAUGHTER, DON**  
STREET ADDRESS **PO BOX 91207**  
CITY-ST-ZIP **LAKELAND FL 33804**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**3/31/03**

CR2E037 (10/02)