


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N02000002340</b> 1. Entity Name COMMUNITY LIFE-LINE, INC.					
Principal Place of Business 2444 OLD ST. AUGUSTINE RD. MONTICELLO, FL 32344			Mailing Address PO BOX 862 MONTICELLO, FL 32344		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WILSON, MARY J 1093 ROCKBROOK CT. TALLAHASSEE, FL 32311				Name <u>Mary J Wilson</u> Street Address (P.O. Box Number is Not Acceptable) <u>2444 OLD ST. Augustine Road</u> City <u>MONTICELLO</u> <u>FL</u> Zip Code <u>32344</u>	
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 <u>[Signature]</u> <small>Signature typed or printed name of registered agent and title if applicable.</small>				DATE <u>4/30/04</u>	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, MARY J 1093 ROCKBROOK CT. TALLAHASSEE, FL 32311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Mary J Wilson</u> <u>2444 Old St. Augustine Rd</u> <u>MONTICELLO, FL 32344</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, WANDA 2444 OLD ST. AUGUSTINE RD. MONTICELLO, FL 32344	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>300035848088</u> <u>05/11/04--01011--013</u> <b>**\$61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, MARGARET 2249 LLOYD CREEK RD. MONTICELLO, FL 32344	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATSON, VELRONNIE 2201 WEMBERLY WAY TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

FILED  
04 APR 30 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04302004 Chg-NP CR2E037 (10/03)

4. FEI Number  
50-0002036

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04  
Date

(850) 509-5128  
Daytime Phone #

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.