


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N02000002340</b> 1. Entity Name <b>COMMUNITY LIFE-LINE, INC.</b>	
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FILED

04 APR 30 AM 8:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>2444 OLD ST. AUGUSTINE RD. MONTICELLO, FL 32344</b>	Mailing Address <b>PO BOX 862 MONTICELLO, FL 32344</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

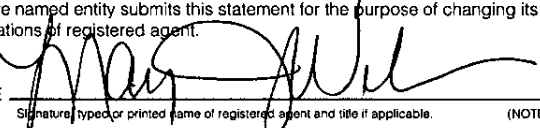


04302004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>50-0002036</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  WILSON, MARY J 1093 ROCKBROOK CT. TALLAHASSEE, FL 32311	<b>7. Name and Address of New Registered Agent</b> 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> <b>FL</b> Zip Code <u>32344</u>
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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.

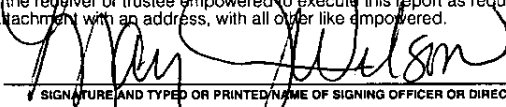
SIGNATURE  DATE 4/30/04

(NOTE: Registered Agent signature required when reinstating)

<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</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD WILSON, MARY J 1093 ROCKBROOK CT. TALLAHASSEE, FL 32311	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mary J Wilson 2444 Old St. Augustine Rd Monticello, FL 32344
TITLE	VD WILSON, WANDA 2444 OLD ST. AUGUSTINE RD. MONTICELLO, FL 32344	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300035848088 05/11/04--01011--013 **\$61.25
TITLE	SD WILLIAMS, MARGARET 2249 LLOYD CREEK RD. MONTICELLO, FL 32344	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD WATSON, VELRONNIE 2201 WEMBERLY WAY TALLAHASSEE, FL 32308	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE 4/30/04 (850) 509-5128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR