

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000002340	
1. Entity Name COMMUNITY LIFE-LINE, INC.	



FILED
06 APR 20 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2444 OLD ST. AUGUSTINE RD. MONTICELLO, FL 32344	Mailing Address PO BOX 862 MONTICELLO, FL 32344
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2. Principal Place of Business 2458 Old St. Augustine Suite, Apt. #, etc. Monticello FL	3. Mailing Address Suite, Apt. #, etc.
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City & State 32344	City & State
Zip	Country

04192006 Chg-NP CR2E037 (11/05)

4. FEI Number 50-0002036	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILSON, MARY J 2444 OLD ST. AUGUSTINE RD. MONTICELLO, FL 32344	7. Name and Address of New Registered Agent Name: Wanda Wilson Street Address (P.O. Box Number is Not Acceptable): 2458 Old St. Augustine Rd Monticello, FL City: FL Zip Code: 32344
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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: <i>Wanda Wilson</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE: 4/20/06
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, MARY J 2444 OLD ST. AUGUSTINE RD. MONTICELLO, FL 32344 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Wanda Wilson 2458 St. Augustine Rd Monticello, FL 32344 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, WANDA 2444 OLD ST. AUGUSTINE RD. MONTICELLO, FL 32344 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Janet Norton 1094 High Meadows Rd Tallahassee, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	700072886437 04/28/06--01052--10 <input type="checkbox"/> Change <input checked="" 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Wanda Wilson</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4/20/06 Daytime Phone #

K. Eskel APR 20 2006