

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90765 017 ****61.25

DOCUMENT # NO2000002340

1. Entity Name

COMMUNITY LIFE-LINE, INC.



Principal Place of Business

**1093 ROCKBROOK CT.
TALLAHASSEE FL 32311**

Mailing Address

**1093 ROCKBROOK CT.
TALLAHASSEE FL 32311**

2. Principal Place of Business

2444 Old St. Augustine Rd

3. Mailing Address

post office Box 862

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Monticello, FL

City & State

Monticello, FL

Zip

32344

Country

US

Zip

32344

Country

US

4. FEI Number

50-0002036

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

**WILSON, MARY J
1093 ROCKBROOK CT.
TALLAHASSEE FL 32311**

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

4/30/03

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 **PD** ☐ Delete
NAME **WILSON, MARY J**
STREET ADDRESS **1093 ROCKBROOK CT.**
CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE **VD** ☐ Delete
NAME **WILSON, WANDA**
STREET ADDRESS **2444 OLD ST. AUGUSTINE RD.**
CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **SD** ☐ Delete
NAME **WILLIAMS, MARGARET**
STREET ADDRESS **2249 LLOYD CREEK RD.**
CITY-ST-ZIP **MONTICELLO FL 32344**

TITLE **TD** ☐ Delete
NAME **WATSON, VELRONNIE**
STREET ADDRESS **2201 WEMBERLY WAY**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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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

4/30/03 (850) 878-5122

CR2E037 (10/02)