2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State
04-21-2004 90095 043 ****61.25

DOCUMENT # N02000005029

1. Entity Name

MARRIAGE FOR LIFE, INC.

Principal Place of Business	Mailing Address
3844 BURNETT PARK RD JACKSONVILLE FL 32257	3844 BURNETT PARK RD JACKSONVILLE FL 32257

MOORE CR2E037 (11/03)

2. Principal Place of Business	3. Mailing Address
886 Palermo Rd,	886 Palermo Rd
Suite, Apt. #, etc.: Suite G	Suite, Apt. #, etc.: Suite G
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32216 Country:	Zip: 32216 Country:

4. FEI Number: 56-2283483 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, C. HOLT III
233 EAST BAY ST., STE. 930
JACKSONVILLE FL 32202

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARKS, RICHARD 886 PALERMO RD JACKSONVILLE FL 32216	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHARRON, DERICK 12616 BRIARMEADE LN JACKSONVILLE FL 32258	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP George Bass 3838 Calebrooke Drive Jacksonville, FL 32210	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LOWERY, LARRY 11087 BARBIZON CIR W JACKSONVILLE FL 32257	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Don Marks 4506 Legend Hollow Lane Powder Springs, GA 30127	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S REED, GRANVILLE 841 FRANKLIN ST JACKSONVILLE FL 32206	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP Marshall Davis 4130 McGirts Blvd. Jacksonville, FL 32210	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: _____ 4-19-04 904 334 9667

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #