

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005686

FILED  
Mar 19, 2012  
Secretary of State

**Entity Name:** LIFE DEVELOPMENT OF AMERICA, INC.

**Current Principal Place of Business:**

455 DOUGLAS AVENUE  
SUITE 2155-4  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 940924  
MAITLAND, FL 32794

**New Mailing Address:**

**FEI Number:** 81-0610679

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MIZELL, EARLINE  
455 DOUGLAS AVENUE  
SUITE 2155-4  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MIZELL, EARLINE L  
**Address:** 455 DOUGLAS AVENUE SUITE 2155-4  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** D  
**Name:** BLACKMAN, ROBERT  
**Address:** 49 SAMUEL STREET  
**City-St-Zip:** ORLANDO, FL 32810

**Title:** D  
**Name:** OGLETREE, CONTESSA R  
**Address:** 455 DOUGLAS AV #2155-4  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** D  
**Name:** PLUMMER, BRENDA N  
**Address:** 5608 PARTRIDGE DR  
**City-St-Zip:** ORLANDO, FL 32810

**Title:** D  
**Name:** ANSAR, BARBARA  
**Address:** 455 DOUGLAS AVE #2155-4  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** D  
**Name:** PARRISH, LAVERNE  
**Address:** 455 DOUGLAS AVE #2155-4  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** EARLINE MIZELL

P

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date