


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006894 1. Entity Name COMMUNITY LIFE CENTER OF MANATEE AND SARASOTA COUNTIES, INC.	
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Principal Place of Business 5408 11TH ST CIR E BRADENTON, FL 34203	Mailing Address 5408 11TH ST CIR E BRADENTON, FL 34203
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04282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0147323	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 HODO, DEBORAH 5408 11TH ST CIR E BRADENTON, FL 34203

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000355374
05/03/05-80144-013 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HODO, DEBORAH 5408 11TH ST CIR E BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RODRIGUEZ, VIVIAN 520 N BRINK AVE SARASOTA, FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LYNN, KATHY 3505 69TH ST W BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHALEY, DONNA 5411 4TH ST E BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Deborah Hodo - Deborah Hodo 4/29/05 941-756-2217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #