


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000011081			
1. Entity Name ALTERNATIVES 4 LIFE, INC.			
Principal Place of Business 11493 WHISPERINGBROOK LANE JACKSONVILLE, FL 32218		Mailing Address 11493 WHISPERINGBROOK LANE JACKSONVILLE, FL 32218	
2. Principal Place of Business		3. Mailing Address P.O. Box 12014	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
32209	Dual	32209	Dual
6. Name and Address of Current Registered Agent SEYMOUR, W. MARTY 11493 WHISPERINGBROOK LANE JACKSONVILLE, FL 32218		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL	
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.		9. Signature of Registered Agent W. Marty Seymour / W. MARTY SEYMOUR 12/29/04	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SEYMOUR, TAMMY Z 11493 WHISPERINGBROOK LANE JACKSONVILLE, FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Treasurer TAMMY Z. SEYMOUR 11493 WHISPERINGBROOK LANE JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD OF DIRECTORS BROWN, MINNIE L.M.A. 924 BECKNER STREET JACKSONVILLE, FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. / Program Director ANA PELHAM 4320 Sunbeam Road # 707 JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DAMIEN 2010 JABARI AVE SEYMOUR JOHNSON AIRFORCEBASE, NC 27531	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD OF DIRECTOR STEPHEN GRAHAM 275 E. CENTRAL PARKWAY, # 232 ALTAMONTE, FLA. 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD OF DIRECTORS SEYMOUR, ERNEST JR 108 CLINTON SPRINGS CINCINNATI, OH 45217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD OF DIRECTORS MELODY D. WYATT 2122 W. 14TH STREET JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: Tammy Z. Seymour		12/29/04 (904) 403-3772	

FILED

05 JAN -4 AM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



12272004 REIN-NP CR2E099 (6/04)

4. FEI Number  
55-0854535

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

REINSTATEMENT 04

FILE NOW!!! FEE IS \$61.25  
After January 1, 2005, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

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01/04/05--01043--019 \*\*70.00