

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001082

FILED  
Jan 14, 2005  
Secretary of State

**Entity Name:** GETTING A LIFE ASSISTANCE, INC.

**Current Principal Place of Business:**

482 BROAD STREET  
BROOKSVILLE, FL 34604 US

**New Principal Place of Business:**

**Current Mailing Address:**

1080 ALTOONA AVE.  
SPRING HILL, FL 34609 US

**New Mailing Address:**

**FEI Number:** 20-0910735

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STAFSETH, DAVID  
13761 LINDEN DRIVE  
SPRING HILL, FL 34609 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 ( ) Delete  
Name: NEWTH, VIRGINIA L  
Address: 1080 ALTOONA AVE  
City-St-Zip: SPRING HILL, FL 34609 US

Title: VP ( ) Delete  
Name: CALUB, CONNIE J  
Address: 16047 PSENKA STREET  
City-St-Zip: BROOKSVILLE, FL 34604 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: VIRGINIA L. NEWTH

P

01/14/2005

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

\_\_\_\_\_  
Date