2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005
Secretary of State

DOCUMENT# N04000001523

Entity Name: CENTRAL FLORIDA LIFE RESOURCES, INC.

Current Principal Place of Business:

118 W. DICIE AVE.
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

118 W. DICIE AVE.
EUSTIS, FL 32726

New Mailing Address:

705 LAKESHORE DRIVE
EUSTIS, FL 32726

FEI Number: 20-0756369 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, KATHRYN
705 LAKESHORE DR.
EUSTIS, FL 32726 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: CD ( ) Delete
Name: JOHNSON, KATHRYN
Address: 705 LAKESHORE DR.
City-St-Zip: EUSTIS, FL 32726

Title: SDT ( ) Delete
Name: JOHNSON, SUSAN
Address: P. O. BOX 1242 `
City-St-Zip: EUSTIS, FL 32726

Title: CD ( ) Delete
Name: LAMONICA, CHRIS
Address: 951 OLD EUSTIS RD.
City-St-Zip: MT. DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: JOHNSON, KATHRYN
Address: 705 LAKESHORE DR.
City-St-Zip: EUSTIS, FL 32726

Title: CD (X) Change ( ) Addition
Name: JOHNSON, SUSAN
Address: P. O. BOX 1242 `
City-St-Zip: EUSTIS, FL 32726

Title: SD (X) Change ( ) Addition
Name: TROCINA, LINDA
Address: 14020 RED CEDAR WAY
City-St-Zip: ASTATULA, FL 32405

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: SUSAN JOHNSON CD 07/06/2005

Electronic Signature of Signing Officer or Director — Date