

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008706

FILED
Feb 08, 2012
Secretary of State

Entity Name: L.I.F.E. RESTORATION CENTER, CORP

Current Principal Place of Business:

501 E. LAKE AVE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

501 E LAKE AVE
TAMPA, FL 33603

New Mailing Address:

FEI Number: 73-1716765

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROOKS, TARRELLE L PASTOR
3247 CHESSINGTON DR
LAND O LAKES, FL 34638 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: D
Name: BROOKS, TARRELLE
Address: 3247 CHESSINGTON DR
City-St-Zip: LAND O LAKES, FL 34638

Title: O
Name: BROOKS, LETITIA
Address: 3247 CHESSINGTON DR
City-St-Zip: LAND O LAKES, FL 34638

Title: O
Name: PALMER, ROSA
Address: 501 E. LAKE
City-St-Zip: TAMPA, FL 33603

Title: O
Name: RANGE, MILDRED
Address: 501 E. LAKE AVE
City-St-Zip: TAMPA, FL 33603

Title: O
Name: HOMES, KIMBERLY
Address: 501 E. LAKE
City-St-Zip: TAMPA, FL 33603

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: TARRELLE BROOKS

D

02/08/2012

Electronic Signature of Signing Officer or Director

Date