

# 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