

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000018

FILED  
Jan 15, 2012  
Secretary of State

Entity Name: DADS 4LIFE, INC.

**Current Principal Place of Business:**

10353 OLD PLANK ROAD  
JACKSONVILLE, FL 32220

**New Principal Place of Business:**

**Current Mailing Address:**

10353 OLD PLANK ROAD  
JACKSONVILLE, FL 32220

**New Mailing Address:**

FEI Number: 20-3696683

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOWERS, KEITH M  
10353 OLD PLANK ROAD  
JACKSONVILLE, FL 32220 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: JOWERS, KEITH M  
Address: 10353 OLD PLANK ROAD  
City-St-Zip: JACKSONVILLE, FL 32220

Title: D  
Name: WEBBER, LOU  
Address: 5560 NORMANDY BLVD  
City-St-Zip: JACKSONVILLE, FL 32205

Title: D  
Name: WILSON, CHARLES  
Address: 3030 HARTLEY ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D  
Name: TOUCHTON, ERIC  
Address: 416 RYAN STREET  
City-St-Zip: JACKSONVILLE, FL 32254

Title: D  
Name: PRICE, JAMES  
Address: 10302 DEEWOOD PARK DRIVE ST 104  
City-St-Zip: JACKSONVILLE, FL 32256

Title: D  
Name: TRAVIS, CHARLES D  
Address: 9200 REGENCY SQ BLVD  
City-St-Zip: JACKSONVILLE, FL 32211

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: KEITH M. JOWERS

D

01/15/2012

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

\_\_\_\_\_  
Date