

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011343

Entity Name: TRUE LIFE CENTER, INC.

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

5015 8TH STREET
SUITE B
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

Current Mailing Address:

PO BOX 547
ZEPHYRHILLS, FL 33539

New Mailing Address:

PO BOX 3040
ZEPHYRHILLS, FL 33539

FEI Number: 42-1717528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBER, AMY T
38743 OTIS ALLEN ROAD
ZEPHYRHILLS, FL 33540 US

Name and Address of New Registered Agent:

LAWRENCE, RANDAL
5015 8TH ST
SUITE B
ZEPHYRHILLS, FL 33542 US

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: RANDAL LAWRENCE

01/19/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAWRENCE, RANDAL M
Address: P O BOX 547
City-St-Zip: ZEPHYRHILLS, FL 33539

Title: VP () Delete
Name: LAWRENCE, SARA JO
Address: PO BOX 547
City-St-Zip: ZEPHYRHILLS, FL 33539

Title: TREA () Delete
Name: ELLIS, RONALD L
Address: P O BOX 1867
City-St-Zip: SEFFNER, FL 33584

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAWRENCE, RANDAL M
Address: P O BOX 3040
City-St-Zip: ZEPHYRHILLS, FL 33539

Title: VP (X) Change () Addition
Name: LAWRENCE, SARA JO
Address: PO BOX 3040
City-St-Zip: ZEPHYRHILLS, FL 33539

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RANDAL LAWRENCE

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date