

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000011343

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** TRUE LIFE CENTER, INC.

**Current Principal Place of Business:**

5015 8TH STREET  
SUITE B  
ZEPHYRHILLS, FL 33542

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3040  
ZEPHYRHILLS, FL 33539

**New Mailing Address:**

**FEI Number:** 42-1717528

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAWRENCE, RANDAL  
5015 8TH ST  
SUITE B  
ZEPHYRHILLS, FL 33542 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:** P  
**Name:** LAWRENCE, RANDAL M  
**Address:** P O BOX 3040  
**City-St-Zip:** ZEPHYRHILLS, FL 33539

**Title:** VP  
**Name:** LAWRENCE, SARA JO  
**Address:** PO BOX 3040  
**City-St-Zip:** ZEPHYRHILLS, FL 33539

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

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:** RANDAL LAWRENCE

P

04/28/2011

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

\_\_\_\_\_  
Date