

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004697

FILED
Jul 07, 2008
Secretary of State

Entity Name: A BETTER WAY OF LIFE COMMUNITY DEVELOPMENT COMPANY, INC.

Current Principal Place of Business:

6320 GROVE STREET
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

13528 ASHFORD WOOD COURT WEST
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 90-0398416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, SIRRETTA L
13528 ASHFORD WOOD COURT WEST
JACKSONVILLE, FL 32218 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, SIRRETTA L
Address: 13528 ASHFORD WOOD COURT WEST
City-St-Zip: JACKSONVILLE, FL 32218

Title: VP () Delete
Name: KNOTT, STACEY A
Address: 10010 SKINNER LAKE DRIVE #822
City-St-Zip: JACKSONVILLE, FL 32246

Title: SEC () Delete
Name: PRESSLEY, MARCEADEA
Address: 2197 ARMSDALE ROAD
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DR. SIRRETTA L. WILLIAMS

PCEO

07/07/2008

Electronic Signature of Signing Officer or Director

Date