

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008502

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** CENTER FOR HEALTH AND LIFE DEVELOPMENT, INCORPORATED

**Current Principal Place of Business:**

1619 BARDMOOR HILL CIRCLE  
ORLANDO, FL 32835

**New Principal Place of Business:**

**Current Mailing Address:**

1619 BARDMOOR HILL CIRCLE  
ORLANDO, FL 32835

**New Mailing Address:**

**FEI Number:** 59-3712247

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRIPLETT, DOROTHY  
1619 BARDMOOR HILL CIRCLE  
ORLANDO, FL 32835 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 ( ) Delete  
Name: TRIPLETT, AJAC  
Address: 1619 BARDMOOR HILL CIRCLE  
City-St-Zip: ORLANDO, FL 32835 US

Title: CEO ( ) Delete  
Name: TRIPLETT, DOROTHY  
Address: 1619 BARDMOOR HILL CIRCLE  
City-St-Zip: ORLANDO, FL 32835 US

Title: V ( ) Delete  
Name: TRIPLETT, TREMENE  
Address: 1619 BARDMOOR HILL CIRCLE  
City-St-Zip: ORLANDO, FL 32835 US

Title: V ( ) Delete  
Name: TRIPLETT, TRALONDA  
Address: 1619 BARDMOOR HILL CIRCLE  
City-St-Zip: ORLANDO, FL 32835 US

Title: L ( ) Delete  
Name: JONES, ANDREW  
Address: 3978 VIEW TOP ROAD  
City-St-Zip: ELLICOTT CITY, MD 21402 US

Title: L ( ) Delete  
Name: LUCAS, RUBIE  
Address: 415 YARNELL  
City-St-Zip: NORTH LAS VEGAS, NV 89031 US

**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:

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: DOROTHY TRIPLETT

CEO

04/23/2009

Electronic Signature of Signing Officer or Director

Date