## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000008502

FILED Apr 23, 2010 Secretary of State

Entity Name: CENTER FOR HEALTH AND LIFE DEVELOPMENT, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

1619 BARDMOOR HILL CIRCLE ORLANDO, FL 32835

Current Mailing Address: New Mailing Address:

1619 BARDMOOR HILL CIRCLE ORLANDO, FL 32835

FEI Number: 59-3712247 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TRIPLETT, DOROTHY 1619 BARDMOOR HILL CIRCLE ORLANDO, FL 32835 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: F

Name: TRIPLETT, AJAC

Address: 1619 BARDMOOR HILL CIRCLE City-St-Zip: ORLANDO, FL 32835 US

Title: CEO

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

Title: V

Name: TRIPLETT, TREMENE
Address: 1619 BARDMOOR HILL CIRCLE
City-St-Zip: ORLANDO, FL 32835 US

Title: \

Name: TRIPLETT, TRALONDA

Address: 1619 BARDMOOR HILL CIRCLE City-St-Zip: ORLANDO, FL 32835 US

Title: L

 Name:
 JONES, ANDREW

 Address:
 3978 VIEW TOP ROAD

 City-St-Zip:
 ELLICOTT CITY, MD 21402 US

Title:

Name: LUCAS, RUBIE Address: 415 YARNELL

City-St-Zip: NORTH LAS VEGAS, NV 89031 US

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: DOROTHY TRIPLETT CEO 04/23/2010