

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009523

FILED
Feb 04, 2009
Secretary of State

Entity Name: ERIC'S LIFE, INC.

Current Principal Place of Business:

2419 SEABURY PLACE NORTH
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

2419 SEABURY PLACE NORTH
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 26-3891062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SABRINA M. BATCH, P.A.
13055 SANDWEDGE CT.
JACKSONVILLE, FL 32224 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: PD () Delete
Name: BORISADE, RODERICK O
Address: 2419 SEABURY PLACE NORTH
City-St-Zip: JACKSONVILLE, FL 32246

Title: VD () Delete
Name: MACKEY, TIA L
Address: 11624 SPRINGBOARD DR.
City-St-Zip: JACKSONVILLE, FL 32218

Title: T () Delete
Name: MILAM, TRACE D
Address: 7849 MT. RANIER DR.
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: DURHAM, DEBORAH P
Address: 9700 PHILIPS HWY., SUITE 101
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: LEATHERS, TIA M
Address: 11624 SPRINGBOARD DR.
City-St-Zip: JACKSONVILLE, FL 32218

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: RODERICK OLABODE BORISADE

PD

02/04/2009

Electronic Signature of Signing Officer or Director

Date