FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 17 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10544 (7)

1. Corporation Name
KEY LIFE NETWORK, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
[illegible]	[illegible]

3. Date Incorporated or Qualified: 08/01/1985
3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-2607667 (Applied For / Not Applicable)

2. Principal Place of Business	2a. Mailing Address
21 539 Versailles Drive	26 P.O.Box 945000
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Maitland, FL	28 City & State: Maitland, FL
24 Zip: 32751 / 25 Country: US	29 Zip: 32794 / 30 Country: US

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [X] — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FARMER, RICHARD A [illegible]	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1405 Green Cove Road 83 84 City: Winter Park FL 85 Zip Code: 32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	[X] Change ☐ Addition
NAME	BROWN, STEPHEN W.	1.2 NAME	
STREET ADDRESS	[illegible]	1.3 STREET ADDRESS	901 Kensington Garden Court
CITY-ST-ZIP	[illegible]	1.4 CITY-ST-ZIP	Oviedo, FL 32765
TITLE	SD	2.1 TITLE	[X] Change ☐ Addition
NAME	MELOY, SYBIL	2.2 NAME	
STREET ADDRESS	[illegible]	2.3 STREET ADDRESS	6800 Fleetwood Road
CITY-ST-ZIP	[illegible]	2.4 CITY-ST-ZIP	McLean, VA 22101
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	SPANIOLO, JAMES D.	3.2 NAME	
STREET ADDRESS	6820 SW 99TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	VM	4.1 TITLE	[X] Change ☐ Addition
NAME	FARMER, RICHARD	4.2 NAME	
STREET ADDRESS	[illegible]	4.3 STREET ADDRESS	1405 Green Cove Road
CITY-ST-ZIP	[illegible]	4.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	C	5.1 TITLE	☐ Change ☐ Addition
NAME	DAVIDSON, HARPER W.	5.2 NAME	
STREET ADDRESS	4536 SAN AMARO DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] Richard Farmer 2/8/95 407-539-0001
SIGNATURE AND TYPED OR PRINTED NAME OF BIDDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0042030