

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # N10544 (7)  
1. Corporation Name  
KEY LIFE NETWORK, INC.



Principal Place of Business	Mailing Address
539 VERSAILLES DR MAITLAND FL 32751 US	PO BOX 945000 MAITLAND FL 32794-5000 US

3. Date Incorporated or Qualified <b>08/01/1985</b>	3a. Date of Last Report <b>02/07/1996</b>
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2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	

22	City & State	27	City & State
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23	Zip	Country	28	Zip
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24 Zip Country Zip 25 29

4. FEI Number	Applied For
59-2607667	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

FARMER, RICHARD A  
1405 GREEN COVE ROAD  
WINTER PARK FL 32789

<b>81</b>	Name
<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>	
<b>84</b>	City
<b>85</b>	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

12.		OFFICERS AND DIRECTORS	
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	BROWN, STEPHEN W.		
STREET ADDRESS	901 KENSINGTON GARDEN CT		
CITY - ST - ZIP	OWIEDO FL		

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MELOY, SYBIL	
STREET ADDRESS	6800 FLEETWOOD RD	
CITY-STATE-ZIP	MCLEAN VA	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPANIOLO, JAMES D.	
STREET ADDRESS	5120 SW 100TH TERRACE	
CITY-ST-ZIP	MIAMI-FL	

TITLE	VM	<input type="checkbox"/> DELETE
NAME	FARMER, RICHARD	
STREET ADDRESS	1405 GREEN COVE RD	
CITY-ST-ZIP	WINTER PARK FL	

TITLE	C	<input type="checkbox"/> DELETE
NAME	DAVIDSON, HARPER W.	
STREET ADDRESS	4536 SAN AMARO DR	
CITY - ST - ZIP	CORAL GABLES FL	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1,2 NAME	
1,3 STREET ADDRESS	
1,4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1298 Hillwood Circle
3.4 CITY-ST-ZIP	East Lansing, MI 48823

4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing 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: [Signature] ID NUMBER: 118 331 97 417-539-0001

CR2E037 (9/96)