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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N10544**

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 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/01/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2607667 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, STEPHEN W.		1.2 NAME		
STREET ADDRESS	901 KENSINGTON GARDEN CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	OVIEDO FL		1.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	2.1 TITLE	S/D	☐ Change ☒ Addition
NAME	MELOY, SYBIL		2.2 NAME	under Whitlock	
STREET ADDRESS	6800 FLEETWOOD RD		2.3 STREET ADDRESS	1700 Spring Lake Drive	
CITY-ST-ZIP	MCLEAN VA		2.4 CITY-ST-ZIP	Orlando FL 32804	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SPANIOLO, JAMES D.		3.2 NAME		
STREET ADDRESS	1298 HILLWOOD CIR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	EAST LANSING MI		3.4 CITY-ST-ZIP		
TITLE	VM	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FARMER, RICHARD		4.2 NAME		
STREET ADDRESS	1405 GREEN COVE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	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		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Richard Farmer 2/17-99 407 539 0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #