

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35939

FILED  
Feb 19, 2009  
Secretary of State

**Entity Name:** LIFE CONCEPTS INDEPENDENT LIVING, INC.

**Current Principal Place of Business:**

267 ALABAMA AVE.  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 531125  
ORLANDO, FL 32853 US

**New Mailing Address:**

**FEI Number:** 59-2988012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LIFE CONCEPTS, INC.  
500 EAST COLONIAL DR.  
ORLANDO, FL 32803 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: C ( ) Delete  
Name: JACKSON, ERIC CHAIR  
Address: 500 EAST COLONIAL DR.  
City-St-Zip: ORLANDO, FL 32803

Title: T ( ) Delete  
Name: BRESNICK, RUTH TREASUR  
Address: 500 EAST COLONIAL DR.  
City-St-Zip: ORLANDO, FL 32803

Title: VC ( ) Delete  
Name: CANORA, DAVID VICECHA  
Address: 500 EAST COLONIAL DR.  
City-St-Zip: ORLANDO, FL 32803

Title: S ( ) Delete  
Name: MAGRADY, JANE SECRETA  
Address: 500 EAST COLONIAL DR.  
City-St-Zip: ORLANDO, FL 32803

Title: P ( ) Delete  
Name: PORTA, KATIE PRESIDE  
Address: 500 EAST COLONIAL DR.  
City-St-Zip: ORLANDO, FL 32803

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: M. KATIE PORTA

P

02/19/2009

Electronic Signature of Signing Officer or Director

Date