FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
(for profit CORPORATIONS)

APPROVED AND FILED

95 MAY -1 PM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N38323** **(4)**

1. Corporate Name

LIFE IN TO ETERNITY HOUSE, INC.

Principal Place of Business	Mailing Address
6622 SOUTHPOINT DR S SUITE 210 JACKSONVILLE FL 32216	6622 SOUTHPOINT DR S SUITE 210 JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/24/1990**

3a. Date of Last Report: **03/04/1994**

4. FEI Number: **59-3013434** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required
21	26	
Suite Apt # etc 22	Suite Apt # etc 27	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
Zip / County 24 / 25	Zip / County 29 / 30	8. *This corporation has liability for intangible tax under § 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCCURDY, O.W. JR
6622 SOUTHPOINT DR., S
SUITE 210
JACKSONVILLE FL 32216

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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	MCCURDY, O.W. JR	12 NAME	
STREET ADDRESS	6622 SOUTHPOINT DR. S 210	13 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	BREWER, DON	22 NAME	
STREET ADDRESS	6622 SOUTHPOINT DR. S., 210	23 STREET ADDRESS	
CITY ST ZIP	JACKSONVILLE FL	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	MCCURDY, SCOTT	32 NAME	
STREET ADDRESS	1850 LEE RD. #122	33 STREET ADDRESS	
CITY ST ZIP	WINTER PARK FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: X _____ 4/28/95 904/296-1000

Signature and Typed or Printed Name of Individual and Capacity or Position — Date — Daytime Phone Number

0001810