

FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38323** (4)

1. Corporation Name

LIFE IN TO ETERNITY HOUSE, INC.



Principal Place of Business	Mailing Address
13000 SAWGRASS VILLAGE CIRCLE SUITE 11 PONTE VEDRA BEACH FL 32082 US	13000 SAWGRASS VILLAGE CIRCLE SUITE 11 PONTE VEDRA BEACH FL 32082 US

2. Principal Place of Business	2a. Mailing Address
21 4200-2 Baymeadows Rd. Suite, Apt. #, etc.	26 4200-2 Baymeadows Rd. Suite, Apt. #, etc.
22	27
City & State	City & State
23 Jacksonville, FL	28 Jacksonville, FL
Zip	Zip
24 32217	29 32217
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified	05/24/1990
4. FEI Number	59-3013434
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
MCCURDY, O.W. JR 13000 SAWGRASS VILLAGE CIRCLE SUITE 11 PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4200-2 Baymeadows Rd.
83
84 City
Jacksonville
85 Zip Code
FL 32217

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	
NAME	MCCURDY, O.W. JR	
STREET ADDRESS	13000 SAWGRASS VILLAGE CIRCLE #11	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	SD	
NAME	BREWER, DON	
STREET ADDRESS	13000 SAWGRASS VILLAGE CIRCLE #11	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	TD	
NAME	MCCURDY, SCOTT	
STREET ADDRESS	1850 LEE RD. #122	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE		
1.2 NAME		
1.3 STREET ADDRESS	4200-2 Baymeadows Rd.	
1.4 CITY-ST-ZIP	Jacksonville, FL 32217	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	4200-2 Baymeadows Rd.	
2.4 CITY-ST-ZIP	Jacksonville, FL 32217	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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]*

5/1/98

CR2E037 (10/97)