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Mar 03 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N92000000249 (4)**

1. Corporation Name

PRECIOUS LIFE CENTER OF LABELLE, INC.

Principal Place of Business

**240 LEE ST
LABELLE FL**

Mailing Address

**P.O. BOX 401
LABELLE FL 33935**

3. Date Incorporated or Qualified

11/12/1992

4. FEI Number

65-0368627

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELVER, RALPH
P.O. DRAWER 2280
461 S. MAIN STREET (S.R. 29)
LABELLE FL 33935**

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

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 ☐ DELETE

**NAME
HUNTER, PATRICIA W.
STREET ADDRESS
1450 POLLYWOG DR
CITY-ST-ZIP
LABELLE FL**

TITLE ☐ DELETE

**NAME
DAVIDSON, JAMES
STREET ADDRESS
352 LEE ST.
CITY-ST-ZIP
LABELLE FL 33935**

TITLE ☐ DELETE

**NAME
CONNER, JOYCE
STREET ADDRESS
850 N RIVER RD
CITY-ST-ZIP
LABELLE FL 33935**

TITLE ☐ DELETE

**NAME
ELVER, RALPH
STREET ADDRESS
1686 MURIEL BLVD.
CITY-ST-ZIP
LABELLE FL 33935**

TITLE ☐ DELETE

**NAME
ELVER, CATHERINE C
STREET ADDRESS
1686 MURIEL BLVD.
CITY-ST-ZIP
LABELLE FL 33935**

TITLE ☐ DELETE

**NAME
HUNTER, LOUIS W
STREET ADDRESS
1450 POLLYWOG DR
CITY-ST-ZIP
LABELLE FL 33935**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

**1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ 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: *Gwen Johnson* *Gwen Johnson* Treasurer 2-19-98 (94) 675-2531

CP2E037 (10/97)