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**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90056 048 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N92000000249**

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/12/1992

4. FEI Number

65-0368627

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

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

9. Name and Address of Current Registered Agent

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

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

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	DP	<input type="checkbox"/> DELETE
NAME	HUNTER, PATRICIA W.	
STREET ADDRESS	1450 POLLYWOG DR	
CITY-ST-ZIP	LABELLE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	DAVIDSON, JANIS	
STREET ADDRESS	352 LEE ST.	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONNER, JOYCE	
STREET ADDRESS	850 N RIVER RD	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ELVER, RALPH	
STREET ADDRESS	1686 MURIEL BLVD.	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ELVER, CATHERINE C	
STREET ADDRESS	1686 MURIEL BLVD.	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	D	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE:

*Janis Davidson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99

Date

941-675-4409

Daytime Phone #

CR2E037-11/98