

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000249

FILED
Apr 08, 2004
Secretary of State**Entity Name:** PRECIOUS LIFE CENTER OF LABELLE, INC.**Current Principal Place of Business:**310 CAMPBELL STREET
LABELLE, FL 33935**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 401
LABELLE, FL 339750401**New Mailing Address:****FEI Number:** 65-0368627**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ELVER, RALPH
P.O. DRAWER 2280
461 S. MAIN STREET (S.R. 29)
LABELLE, FL 33935 US**Name and Address of New Registered Agent:**HUNTER, PATRICIA W
4555 POLLYWOG DRIVE
LABELLE, FL 33935 US

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: PATRICIA W HUNTER

04/08/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HUNTER, PATRICIA W.
Address: 4555 POLLYWOG DR SW
City-St-Zip: LABELLE, FL 33935

Title: DV () Delete
Name: DAVIDSON, JANIS
Address: 352 LEE ST.
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: CONNER, JOYCE
Address: 850 N RIVER RD
City-St-Zip: LABELLE, FL 33935

Title: D () Delete
Name: ELVER, RALPH
Address: 1686 MURIEL BLVD.
City-St-Zip: LABELLE, FL 33935

Title: DS () Delete
Name: ELVER, CATHERINE C
Address: 1686 MURIEL BLVD.
City-St-Zip: LABELLE, FL 33935

Title: D (X) Delete
Name: HUNTER, LOUIS W
Address: 4555 POLLYWOG DR SW
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HUNTER, PATRICIA W
Address: 4555 POLLYWOG DR SW
City-St-Zip: LABELLE, FL 33935

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

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

Title: D (X) Change () Addition
Name: HUNTER, LOUIS W
Address: 4555 POLLYWOG DRIVE
City-St-Zip: LABELLE, FL 33935

Title: D (X) Change () Addition
Name: GRIFFIN, BILLY
Address: 210 BELMONT STREET
City-St-Zip: LABELLE, FL 33935

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: PATRICIA W HUNTER

DP

04/08/2004

Electronic Signature of Signing Officer or Director

Date