

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000249

FILED  
Feb 02, 2005  
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:**

HUNTER, PATRICIA W  
4555 POLLYWOG DRIVE  
LABELLE, FL 33935 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: HUNTER, LOUIS W  
Address: 4555 POLLYWOG DRIVE  
City-St-Zip: LABELLE, FL 33935

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

02/02/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date