

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000249

FILED
Apr 30, 2008
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:

4555 POLLYWOG DRIVE SW
LABELLE, FL 33935

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 SW
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: MURPHY, JANE
Address: PO BOX 1036
City-St-Zip: LABELLE, FL 33975

Title: DV () 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

Title: D () Delete
Name: NEWMAN, PETER
Address: 2008 CLIPPER CIRCLE
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
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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 exemption stated in Chapter 119, 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

04/30/2008

Electronic Signature of Signing Officer or Director

Date