## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N92000000249

Entity Name: PRECIOUS LIFE CENTER OF LABELLE, INC.

FILED Apr 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

310 CAMPBELL STREET 137 CHURCH WAY LABELLE, FL 33935 LABELLE, FL 33935

Current Mailing Address: New Mailing Address:

4555 POLLYWOG DRIVE SW 137 CHURCH WAY LABELLE, FL 33935 LABELLE, FL 33935

FEI Number: 65-0368627 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HUNTER, PATRICIA W
4555 POLLYWOG DRIVE SW
LABELLE, FL 33935 US
HUNTER, PATRICIA W
1354 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: 04/21/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: DP ( ) Delete Title: DC (X) Change ( ) Addition

 Name:
 HUNTER, PATRICIA W
 Name:
 MORGAN, VALERIE

 Address:
 4555 POLLYWOG DR SW
 Address:
 3211 COTTONWOOD BLVD #706

 City-St-Zip:
 LABELLE, FL 33935
 City-St-Zip:
 FT. MYERS, FL 33905

Title: DV ( ) Delete Title: VC (X) Change ( ) Addition

 Name:
 MURPHY, JANE
 Name:
 MORGAN, LES

 Address:
 PO BOX 1036
 Address:
 3211 COTTONWOOD BLVD #706

City-St-Zip: LABELLE, FL 33975 City-St-Zip: FT. MYERS, FL 33905

 Title:
 DV
 ( ) Delete
 Title:
 MGRM
 (X) Change ( ) Addition

 Name:
 CONNER, JOYCE
 Name:
 CONNER, JOYCE

 Address:
 850 N RIVER RD
 Address:
 850 CR 78

 City-St-Zip:
 LABELLE, FL 33935
 City-St-Zip:
 LABELLE, FL 33935

Title: D ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 HUNTER, LOUIS W
 Name:
 HUNTER, PATRICIA W

 Address:
 4555 POLLYWOG DRIVE
 Address:
 1354 POLLYWOG DRIVE

 City-St-Zip:
 LABELLE, FL 33935
 City-St-Zip:
 LABELLE, FL 33935

Title: D ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 GRIFFIN, BILLY
 Name:
 MURPHY, JANE

 Address:
 210 BELMONT STREET
 Address:
 P.O. BOX 1036

 City-St-Zip:
 LABELLE, FL 33935
 City-St-Zip:
 LABELLE, FL 33975

Title: D ( ) Delete Title: S (X) Change ( ) Addition

 Name:
 NEWMAN, PETER
 Name:
 HOLLAND, SUSAN

 Address:
 2008 CLIPPER CIRCLE
 Address:
 1201 MICCOSUKEE TRAIL

 City-St-Zip:
 LABELLE, FL 33935
 City-St-Zip:
 LABELLE, FL 33935

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 MGRM 04/21/2009