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FILED

Jan 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N92000000450 (8)**

1. Corporation Name

**HOUSE OF LIFE, INC.**



Principal Place of Business

Mailing Address

**464 SOUTH CREEK DRIVE  
OSPREY FL 34229**

**464 SOUTH CREEK DRIVE  
OSPREY FL 34229-9765**

3. Date Incorporated or Qualified  
**11/23/1992**

3a. Date of Last Report  
**02/01/1996**

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARR, RICHARD  
464 SOUTH CREEK DRIVE  
OSPREY FL 34229**

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	<b>PO</b>	<input type="checkbox"/> DELETE
NAME	<b>CARR, RICHARD</b>	
STREET ADDRESS	<b>464 SOUTH CREEK DRIVE</b>	
CITY-ST-ZIP	<b>OSPREY FL 34229</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>CARR, DEANNA</b>	
STREET ADDRESS	<b>464 SOUTH CREEK DRIVE</b>	
CITY-ST-ZIP	<b>OSPREY FL 34229</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>STRINGER, NIKKI</b>	
STREET ADDRESS	<b>1409 NORTH TAMiami TRIAL</b>	
CITY-ST-ZIP	<b>NOKOMIS FL 34275</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>LUCAS, GLADYS</b>	
STREET ADDRESS	<b>501 GRANADA AVENUE</b>	
CITY-ST-ZIP	<b>VENICE FL 34285</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 do 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 647, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0062733**

CR2E037 (9/96)