2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N9200000450_ 1. Entity Name HOUSE OF LIFE, INC.									04 FEB	ILE 10	PM 1: 19)
2105 WORRINGTON ST 21 SARASOTA FL 34231 SA			Mailing Address 2105 WORRINGTON ST SARASOTA FL 34231 US				₩ 02/0		SECRETA TALLAHA 34 80 1	KRY G SSEE,	STATE FLORIDA	
2. Principal Place of Business 3			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					N	MOORE	CR2E	37 (11/03)	
City & State			ly & State		4. FEI Number 65			65-037201	8		optied For ot Applicable	
Zip	Country Zip			. Cou		5. Certificate		ate of S	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curre	d Agent		Name	7	. Name a	nd Ad	dress of New I	Registere	d Agent		
CARR, RICHARD 464 SOUTH CREEK DRIVE OSPREY FL 34229					Street Addres	ess (P.C). Box Nur	nber is	s Not Acceptable	e)		
	-				City					F	— I	
8. 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. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOW: FEE' IS \$61.25 9. Election Camp Due By May 1; 2004 7 Trust Fund Cor							5.00 Ma ided to Fe				ck Payable irtment of S	
10.	OFFICERS AND	DIRECTORS		11,		ADI	OITIONS/	CHAN	GES TO OFFICE	RS AND I		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARR, RICHARD 464 SOUTH CREEK DRIVE OSPREY FL 34229		☐ Delete								☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARR, DEANNA 464 SOUTH CREEK DRIVE OSPREY FL 34229	•	☐ Delete		1						Change	☐ Addition
INAME STREET ADDRESS CITY-ST-ZIP	SD STRINGER, NIKKI	-	☐ Delete	TITLE NAM STRE	<u> </u>	-		· ** ver mode ·			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNEIDER, FRED 3708 RIVIERA DRIVE SARASOTA FL 34239	. •	Delete	_	I						☐ Change	Addition
THTLE NAME STREET ADDRESS			Delste	NAMI STRE	1 .	•					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	positive that the inference	Adda sh.:- 211	☐ Delate	TITLE NAMI STRE CITY	et address -st-zip						☐ Change	Addition
12. I hereby certify that the information supplied with this filling does not qualify 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 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 employered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:												
	SIGNATURE AND TYPED	OF PRINTED NAM	E OF SIGNING OFFICER O	R DIRECT	'OR	-/	4	U	Date	- //	Daylime Phone #	, , , ,