

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90886 001 ***183.75

DOCUMENT # N92000000450

1. Entity Name

HOUSE OF LIFE, INC.



Principal Place of Business

**2105 WORRINGTON ST
SARASOTA FL 34231
US**

Mailing Address

**2105 WORRINGTON ST
SARASOTA FL 34231
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0372018**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **CARR, RICHARD**
STREET ADDRESS **464 SOUTH CREEK DRIVE**
CITY-ST-ZIP **OSPREY FL 34229**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **CARR, DEANNA**
STREET ADDRESS **464 SOUTH CREEK DRIVE**
CITY-ST-ZIP **OSPREY FL 34229**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **STRINGER, NIKKI**
STREET ADDRESS **1409 NORTH TAMiami TRAIL**
CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **LUCAS, GLADYS**
STREET ADDRESS **501 GRANADA AVENUE**
CITY-ST-ZIP **VENICE FL 34285**

TITLE ☐ Change ☐ Addition
NAME **REMOVE LUCAS, GLADYS**
STREET ADDRESS **501 GRANADA AV**
CITY-ST-ZIP **VENICE FL 34285**

TITLE **D** ☐ Delete
NAME **SCHNEIDER, FRED**
STREET ADDRESS **3708 RIVIERA DRIVE**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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 empowered 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: **RICHARD CARR** 4/17/03 941 922 8444

CR2E037 (10/02)