

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000558 (8)

1. Corporation Name

SUCCESS IN L.I.F.E., INC.



Principal Place of Business

P.O. BOX 2662
LARGO FL 34649-2662
US

Mailing Address

P.O. BOX 2662
LARGO FL 34649-2662
US

3. Date Incorporated or Qualified
12/03/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

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

**LARSON, HERBERT W PA
PINEBROOK BUSINESS CENTER
7381-114TH AVE. N. STE. #406
LARGO FL 34698**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
KEARNS, LINDA
10101 SAILWINDS S #105
LARGO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
LARSON, MILDRED M.
11518 HARBORSIDE CIR. N.
LARGO FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
ROWE, ELIZABETH J
1613 FRUITWOOD DR.
CLEARWATER FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
SWEET, JANET M
5265 E. BAY DR., #723
CLEARWATER FL 34626**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
BIGSBY, RON
657 FAIRWOOD FOREST DR.
CLEARWATER FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

**DIRECTOR
BIGSBY RON
PO BOX 4011
CLEARWATER FL**

☒ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

S. Elizabeth Rowe **J. Elizabeth Rowe** **3/6/96**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)