

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

FILED

Feb 22 1996 8:00 am

Secretary of State

DOCUMENT # **N93000000910 (0)**

1. Corporation Name

GIFT OF LIFE, INC.



Principal Place of Business

Mailing Address

**136 4TH ST., NO.
ST. PETERSBURG FL 33701
US**

**136 4TH ST., NO.
ST. PETERSBURG FL 33701
US**

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

**HALLAS, CHRISTY S.
4934 14TH AVE N.
ST. PETERSBURG FL 33710**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D HASLUP, ALLEN L**
STREET ADDRESS **1380 MONTEREY BLVD NE**
CITY-STATE-ZIP **ST. PETERSBURG FL 33704**

TITLE ☒ DELETE
NAME **D FISHER, ANNIE**
STREET ADDRESS **4934 14TH AVE N.**
CITY-STATE-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME **D GUCKENBERGER, KATHLEEN**
STREET ADDRESS **255 8TH AVE NE**
CITY-STATE-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME **D HALLAS, MARTY**
STREET ADDRESS **906 MONTEREY POINT NE**
CITY-STATE-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE
NAME **P HALLAS, CHRISTY S**
STREET ADDRESS **716 24TH AVE NO**
CITY-STATE-ZIP **ST. PETERSBURG FL 33704**

TITLE ☐ DELETE
NAME **V DAVIS, LISA**
STREET ADDRESS **18033 PATTERSON RD**
CITY-STATE-ZIP **ODESSA FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **DAVIS, LISA**
1.3 STREET ADDRESS **190 112th Ave N. # 1209**
1.4 CITY-STATE-ZIP **St. Petersburg, FL 33716**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D Slaughter, Dreema**
2.3 STREET ADDRESS **PO Box 91207**
2.4 CITY-STATE-ZIP **LAKELAND, FL 33804-1207**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D Slaughter, Don**
3.3 STREET ADDRESS **PO Box 91207**
3.4 CITY-STATE-ZIP **LAKELAND, FL 33804-1207**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **S/T Davis, CLIFF**
4.3 STREET ADDRESS **190 112th Ave N. # 1209**
4.4 CITY-STATE-ZIP **St. Petersburg, FL 33716**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-15-96 (813)822-5433

CR2E037 (12/95)