

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90571 024 ****61.25

DOCUMENT # N93000000910

1. Entity Name
GIFT OF LIFE, INC.



Principal Place of Business
**4437 PARK BLVD
PINELLAS PARK, FL 33781 US**

Mailing Address
**4437 PARK BLVD
PINELLAS PARK, FL 33781 US**

24055527



04162004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3212207

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, CLIFF
7625 LEATHER FERN COURT
PINELLAS PARK, FL 33782**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNOKE, BLAIR MD 13611 PARK BLVD N SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, CLIFF 7625 LEATHER FERN CT PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLAUGHTER, DREMA P.O. BOX 91207 LAKELAND, FL 33804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT FRICKER, JOHN ESQ 14554 90TH AVE N SEMINOLE, FL 33776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENSA, ROBERT PHD 9911 SEMINOLE BLVD SUITE A SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, LISA 7625 LEATHER FERN CT PINELLAS PARK, FL 33782

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/04

727-547-7030