

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000910

FILED
Feb 08, 2005
Secretary of State

Entity Name: GIFT OF LIFE, INC.

Current Principal Place of Business:

4437 PARK BLVD
PINELLAS PARK, FL 33781 US

New Principal Place of Business:

Current Mailing Address:

4437 PARK BLVD
PINELLAS PARK, FL 33781 US

New Mailing Address:

FEI Number: 59-3212207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SNOKE, BLAIR MD
Address: 13611 PARK BLVD N
City-St-Zip: SEMINOLE, FL 33776

Title: DP () Delete
Name: DAVIS, CLIFF
Address: 7625 LEATHER FERN CT
City-St-Zip: PINELLAS PARK, FL 33782

Title: D () Delete
Name: SLAUGHTER, DREMA
Address: P O BOX 91207
City-St-Zip: LAKE LAND, FL 33804

Title: VDT () Delete
Name: FRICKER, JOHN ESQ
Address: 14554 90TH AVE N
City-St-Zip: SEMINOLE, FL 33776

Title: D () Delete
Name: PENZA, ROBERT PHD
Address: 9911 SEMINOLE BLVD SUITE A
City-St-Zip: SEMINOLE, FL 33772

Title: D (X) Delete
Name: DAVIS, LISA
Address: 7625 LEATHER FERN CT
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLIFF DAVIS

DP

02/08/2005

Electronic Signature of Signing Officer or Director

Date