

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000910

FILED  
May 08, 2006  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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

**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  
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 Chapter 119, 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

05/08/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date