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NONPROFIT CORPORATION, ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

FILED Jun 04 1998 8:00am Secretary of State

| DOCU 1. Corporatio | IMENT # N940 on Name TIME TO LIVE | 00003289 ., INC." | | | | | |
|--------------------------------|--|----------------------------------|-----------------------------------|--|--|---------------------------------|-----------------------------|
| Principal Pla | ce of Business | Mailing Address | | | 4 | | |
| 116 HISRON 116 HU. | | | لبويم | | | | |
| TAMPA, EX 33606 TOM | | | PA FI 33606 | | 3. Date Incorporated or Qualified | 194 | |
| 10 | MPA, 172.33600 | TAM | PA, 178 | books | 4. FEI Number | | pplied For |
| - 53 17 | Discoul Discoul | | | | 59-325/335 | N | lot Applicable |
| 2. Principal Place of Business | | 2a, Mailing Address | 28. Mailing Address | | 5. Certificate of Status Desired | • | Additional |
| Suite, Apt | . #, etc | Suite, Apt. #, etc. | | 6. Election Campaign Financing | \$5.00 | May Ro | |
| 22 | | 27 | | Trust Fund Contribution | Added t | | |
| City & Sta | ite | City & State | | 7. Is this nonprofit corporation a homeowners association? | | | |
| 23 Zip | Country | 7ip | Country | | 8. This corporation owes or has paid the o | No Ourrent year In | |
| 24 | 25 | 29 | 30 | | Personal Property Tax due June 30. | | G No |
| | 9. Name and Address of Curr | | | ~ | 10. Name and Address of New Registers | d Agent | |
| Rube | That is E Chren | - | B1 Na | me | | | |
| _1164 | | 82 Str | eet Addre | Address (P.O. Box Number is Not Acceptable) | | | |
| TOA | 606 | 83 | | | | | |
| | 4 1 | _ | 20 | | | | |
| | | | 84 Cit | • | F | LJJ | Code |
| Office or (| to the provisions of Sections 617.05 registered agent, or both, in the Statem familiar with, and accept the obli | r of Horida. Such change was | authorized by the | ned corpo corporatio | pration submits this statement for the purpose on's board of directors. I hereby accept the ap | of changing it opointment as | ls registered registered |
| SIGNATURE | Signature Typed of printed name of requieted a | gent and title if appreadin (NO) | IF: Rogistered Agent sign | alure rocurred | 1 when roinstating) DATE | | |
| 12. | OFFICERS A | ND DIBECTORS | 13. | | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTOR | RS IN 12 |
| TITLE | P/D Trian | DELETE DELETE | 1 1 TOLE | | | Change | Addition |
| NAME | P/D YOUNG, JOIEN D. M. D IN YOUNG, 82 ND. AV NORT SEMINOUS, Pla, 34646 | | 7 1 2 NAME | | | | |
| STREET ADDRESS | SimiNOUE PE | c, 34646 | 1.3 STREET ADOR | SS | | | |
| CITY-S1-ZIP TITLE | 71D DELETE | | 2.1 THEF | | | Change | Addition |
| NAME | TIPPETT DAVIDG, | | 2.2 NAME | | | L Change | Addition |
| STREET ADDRESS | 3916 PINAR DR | | 2.3 STHEET ADDRESS | | | | |
| CITY-ST-ZIP | SID RUBY L. BREETE CAPA RUBY L. DRUETE CAPA RUBY L. SILAND | | 2. 4 CHY-ST-ZIP | | | | |
| TITLE | 5/0 | DELETE | 3.1 TITLE | | | Change | Addition |
| NAME | CAPA RUOI | OUN (SLAND | 3.2 NAME | | | | |
| STREET ADDRESS CITY-ST-7IP | THUPA M. | 33606 | 3 3 STREET ADDRE | SS | | | |
| TITLE | DELETE | | 3.4. CITY - ST - ZIP 4.1 TITLE | | | ☐ Change | Addition |
| NAME | | | 4. 2 NAME | | | € Sugatio | tidental. |
| STREET ADDRESS | | | 4.3 STREET ADDRE | ss | | | |
| CITY-ST-ZIP | | | 4 4 CITY - ST - ZIP | | | | |
| TITLE | | DELETE | 5 1 TITLE | | 5000025588 | ☐ Change | ☐ Addition |
| NAME DEDUCES ADDRESS | | | 5.2 NAMC | | -06/09/9801094- |)(20)(20) ()(10) | |
| STREET ADDRESS | | | 5.3 STREET ADDRE | SS | ***\$1,25 | Q14. | |
| CITY-S1-ZIP TITLE | | ☐ DELETE | 5.4 C(1Y-S1-Z)P 6.1 T(TLE | | The stourable burst | Change | ☐ Addition |
| NAME | | <u> </u> | 6.1 MILE 6.2 NAME | | _ | L cuange | AUGITION |
| STREET ADDRESS | | | 6.3 STREET AUDRES | ss | (**\dagger* | 114 | \ |
| CHTY-ST-ZIP | | | 6.4 CITY - ST - ZIP | | W. | / 101 | 1 |
| muncated | Dri inis apriual report of supplication | al annual report is true and acc | urate and that my | cionatura | ection 119.07(3)(i), Florida Statutes, I further of shall have the same legal effect as if made u | andor ooth the | |
| OHICE OF C | director of the corporation or the recor Block 13 if changed, or on an atta | eiver of irusiee ambowered to r | execute this report | as require | ed by Chapter 617, Florida Statutes; and that | my name app | ears in |