FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005335

1. Corporation Name

Community Life Options, Inc.

Principal Place of Business	Mailing Address
817 Dixon Blvd. Suite 9D Cocoa, Florida 32922	817 Dixon Blvd. Suite 9D Cocoa, Florida 32922

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/12/95
3a. Date of Last Report: N/A
4. FEI Number: 59-3276630 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

Kendall B. Rigdon
840 N. Cocoa Blvd.
Suite A
Cocoa, FL 32922

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Kendall B. Rigdon
Signature, typed or printed name of registered agent and title if applicable

4/16/95
DATE

12. OFFICERS AND DIRECTORS

NOTE: Registered Agent signature required when reinstating)

TITLE	P/V/T/S
NAME	David Alexander
STREET ADDRESS	820 Australian St.
CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	D
NAME	Lyvonne Burleson
STREET ADDRESS	61 Moore Avenue
CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	D
NAME	Bryan Fulmer
STREET ADDRESS	225 Mariah Court
CITY-ST-ZIP	Merritt Island, FL 32953
TITLE	D
NAME	Jack Jones
STREET ADDRESS	520 Sunset Lane
CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	100001485211
23 STREET ADDRESS	-05/12/95--01018--012
24 CITY-ST-ZIP	****130.00 ****130.00
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-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)(i), 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: David J. Alexander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/95
Date

1-800-884-4110
Daytime Phone #