FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # N95000000242 (6)

1. Corporation Name
LIFE SOURCE, INC.

Principal Place of Business	Mailing Address
1850 LEE RD SUITE 323 WINTER PARK FL 32789	1850 LEE RD SUITE 323 WINTER PARK FL 32789

3. Date Incorporated or Qualified: 01/13/1995
3a. Date of Last Report: 01/13/95

2. Principal Place of Business	2a. Mailing Address
21 Life Source, Inc.	26 Life Source, Inc.
Suite, Apt. #, etc. 22 7660 NW 10th Street	Suite, Apt. #, etc. 27 P.O. Box 770546
City & State 23 Ocala, FL 34482-8202	City & State 28 Ocala, FL 34477-0546
Zip 24 34482-8202 Country 25 USA	Zip 29 34477-0546 Country 30 USA

4. FEI Number: 59-3300334 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOOPER, RICK
ROUTE BOX 238
MORRISTON FL 32668

10. Name and Address of New Registered Agent

81 Name: Cavanaugh, Cherya T.
82 Street Address (P.O. Box Number is Not Acceptable): 7660 NW 10th Street
83
84 City: Ocala FL 85 Zip Code: 34482

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Cherya T. Cavanaugh — Cherya T. Cavanaugh, Director — 4/28/96
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	HOOPER, RICK		1.2 NAME	Cherya T. Cavanaugh	
STREET ADDRESS	1850 LEE RD		1.3 STREET ADDRESS	7660 NW 10th Street	
CITY-ST-ZIP	WINTER PARK FL 32789		1.4 CITY-ST-ZIP	Ocala, FL 34482-8202	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BAIN, DWIGHT		2.2 NAME	Thomas E. Cavanaugh, Jr.	
STREET ADDRESS	3200 OLD WINTER GARDEN RD		2.3 STREET ADDRESS	7660 NW 10th Street	
CITY-ST-ZIP	OCOEE FL 32761		2.4 CITY-ST-ZIP	Ocala, FL 34482-8202	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	LEOFANTI, GLORIA		3.2 NAME	Thomas E. Cavanaugh, Sr.	
STREET ADDRESS	619 CONURE ST		3.3 STREET ADDRESS	7809 NW 125th Street	
CITY-ST-ZIP	APOPKA FL 32712		3.4 CITY-ST-ZIP	Reddick, FL 32686	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Cherya T. Cavanaugh — Cherya T. Cavanaugh — 4/28/96 — 352-873-2693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #