## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000000242

Entity Name: LIFE SOURCE, INC.

FILED Apr 12, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

LIFE SOURCE, INC 2360 SE 51ST AVE LIFE SOURCE, INC 2360 SE 51ST AVE

OCALA, FL 344715785 US OCALA, FL 344801185 US

Current Mailing Address: New Mailing Address:

LIFE SOURCE, INC 2360 SE 51ST AVE 2360 SE 51ST AVE 2360 SE 51ST AVE

OCALA, FL 344715785 US OCALA, FL 344801185 US

FEI Number: 59-3300334 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

AMERLING, RUSSELL E

LIFE SOURCE, INC

2360 SE 51ST AVE

OCALA, FL 344715785 US

AMERLING, RUSSELL E

LIFE SOURCE, INC

2360 SE 51ST AVE

OCALA, FL 344801185 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: 04/12/2008

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPCM ( ) Delete Title: DPCM (X) Change ( ) Addition Name: AMERLING, RUSSELL E Name: AMERLING, RUSSELL E

Address: 2360 SE 51 ST AVE
City-St-Zip: OCALA, FL 344715785

Address: City-St-Zip: OCALA, FL 344801185

Title: DVS ( ) Delete Title: DS (X) Change ( ) Addition Name: AMERLING, JILL R Name: AMERLING, JILL R

 Name:
 AMERCING, JILL R
 Name:
 AMERCING, JILL R

 Address:
 2360 SE 51 ST AVE
 2360 SE 51 ST AVE

 City-St-Zip:
 OCALA, FL 344715785
 City-St-Zip:
 OCALA, FL 344801185

 $\label{eq:title:DV} \mbox{Title:} \mbox{ DV } \mbox{(X) Change () Addition}$ 

 Name:
 DEHART, KIM
 Name:
 DEHART, KIM

 Address:
 7 ALMOND TRAIL COURT
 Address:
 7 ALMOND TRAIL COURT

 City-St-Zip:
 OCALA, FL 34472
 City-St-Zip:
 OCALA, FL 34472

I hereby certify that the information supplied with this filing does not qualify 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: RUSSELL E AMERLING DPCM 04/12/2008