## FILED 2003 NOT-FOR-PROFIT CORPORATION Feb 10, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # N9500000242 1. Entity Name 02-10-2003 90127 024 \*\*\*\*61.25 LIFE SOURCE, INC. Principal Place of Business Mailing Address JUUAU (JA LIFE SOURCE. INC LIFE SOURCE. INC 2360 SE 51ST AVE 2360 SE 51ST AVE OCALA FL 34471-5785 OCALA FL 34471-5785 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-3300334 City & State City & State Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMERLING, RUSSELL E Street Address (P.O. Box Number is Not Acceptable) LIFE SOURCE, INC 2360 SE 51ST AVE OCALA FL 34471-5785 City Zip Code FI 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. I am familiar with, and accept the obligations of registered agent. **\$IGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DPCM TITLE ☐ Delete TITLE DPCMT Change ☐ Addition AMERLING, RUSSELL E NAME NAME STREET ADDRESS STREET ADDRESS 2360 SE 51 ST AVE CITY-ST-ZIP CITY-ST-7IP OCALA FL 34471-5785 **DVPS** D VS TITLE Change ☐ Addition TITLE ☐ Delete amerling, Jill R NAME NAME STREET ADDRESS 2360 SE 51 ST AVE STREET ADDRESS - CITY-ST-ZIP: سيرا CITY-ST-ZIP OCALA FL 34471-5785-7 Delete TITLE Change ☐ Addition DEHART, KIM NAME STREET ADDRESS 7 ALMOND TRAIL COURT STREET ADDRESS CITY-ST-ZIP OCALA FL 34472 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

9. Election Campaign Financing

Trust Fund Contribution.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental eport 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 distee empowers to exempt a required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, withful one place.

CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

FILE NOW: FEE IS \$61.25

2-10-03

**\$5.00** May Be

Added to Fees

352-624-2854

Make Check Payable to

Florida Department of State

CR2E037 (10/0)