

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000002386

1. Entity Name
POINTS OF LIFE, INCORPORATED



Principal Place of Business
1108 JASMINE AVE
FT PIERCE, FL 34982

Mailing Address
1108 JASMINE AVE
FT PIERCE, FL 34982



02182008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0665057

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DIXON, VONDA L
1108 JASMINE AVE
FT PIERCE, FL 34982

**DO NOT WRITE
IN THIS SPACE**

8. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000892170

04/23/08 60054-020 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DIXON, VONDA
STREET ADDRESS	1108 JASMINE AVE
CITY-ST-ZIP	FT PIERCE, FL 34982
TITLE	STD
NAME	DIXON, VIRGINIA L
STREET ADDRESS	1300 ARTHUR ST
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	D
NAME	MCIVER, VANGE
STREET ADDRESS	2844 NW TIMBERCREEK CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Vonda Lee Dixon (VONDA LEE DIXON)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/08

Date

772-461-7355

Daytime Phone # WORK