

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002386

FILED
Apr 15, 2009
Secretary of State

Entity Name: POINTS OF LIFE, INCORPORATED

Current Principal Place of Business:

1108 JASMINE AVE
FT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

1108 JASMINE AVE
FT PIERCE, FL 34982

New Mailing Address:

1300 ARTHUR STREET
HOLLYWOOD,, FL 33019

FEI Number: 65-0665057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

DIXON, VIRGINIA L
1300 ARTHUR STREET
HOLLYWOOD,, FL 33019 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: VIRGINIA L. DIXON

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DIXON, VONDA
Address: 1108 JASMINE AVE
City-St-Zip: FT PIERCE, FL 34982

Title: STD () Delete
Name: DIXON, VIRGINIA L
Address: 1300 ARTHUR ST
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: MCIVER, VANGE
Address: 2844 NW TIMBERCREEK CIRCLE
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DIXON, VIRGINIA L DIXON
Address: 1300 ARTHUR STREET
City-St-Zip: HOLLYWOOD,, FL 33019

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: VIRGINIA L DIXON

PRES

04/15/2009

Electronic Signature of Signing Officer or Director

Date