FILE NOW: FILING FEE IS $61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N96000002645 (7)**

1. Corporation Name

LIFE UNIVERSITY, INC.

Principal Place of Business	Mailing Address
15500 49TH STREET. NORTH CLEARWATER FL 34622	15500 49TH STREET. NORTH CLEARWATER FL 34622-3517

3. Date Incorporated or Qualified: 05/17/1996
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: P.O. Box 17408
Suite, Apt. #, etc.
27:
City & State
28: CLEARWATER FL
Zip 29: 34622 Country 30: USA

4. FEI Number: ☑ 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

WOOD, ELMER R REV.
15500 49TH STREET, NORTH
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name: Rev. ELMER R. WOOD
82 Street Address (P.O. Box Number is Not Acceptable): 15400 Roosevelt Blvd #109
83:
84 City: CLEARWATER FL 85 Zip Code: 34620

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: Rev. Elmer R. Wood — March 11, 1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WOOD, ELMER R REV.		1.2 NAME		
STREET ADDRESS	15400 ROOSEVELT BOULEVARD, #109		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL 34620-3562		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, MICHAEL		2.2 NAME		
STREET ADDRESS	808 24TH AVENUE, NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33704		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARONE, JOHN		3.2 NAME		
STREET ADDRESS	6607 GLENCOE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TEMPLE TERRACE FL 33617		3.4 CITY-ST-ZIP		
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 (9/96)

14. I do 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 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: Rev. Elmer R. Wood — March 11, 1997