FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

CUMENT # N9600002651 (5)

ALL SEASONS LIFE SERVICES, INC.

Mailing Address

FILED Aug 12 1997 8:00am Secretary of State



2318 BRISTOL AVENUE LAKELAND FL 33803	A STATE ALLE DE BRANK BAAR					
					3. Date Incorporated or Qualified 05/17/1996	3a. Date of Last Report
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21	26				39-3383517	Not Applicable
Suite, Apt. #, etc.	Suite, Apt.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	City & State			6. Election Campaign Financing	\$5.00 May Be
23	28	28			Trust Fund Contribution	Added to Fees
Zip Country	Zip	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,	
24 25	29				Florida Statutes Yes No	
9. Name and Address of Current Registered Agent			-	10. Name and Address of New Registered Agent		
			81	Name		
CARLTON, GERALDYNE H			82	82 Street Address (P.O. Box Number is Not Acceptable)		
2120 LAKELAND HILLS BLVD.			<u> </u>			
LAKELAND FL 33805			83			
			84	City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 617.05	502 and 617.1508. Flo	rida Statute:	s, the above	e-named cor	poration submits this statement for the p	
office or registered agent, or both, in the Sta	te of Florida. Such ch	ange was at	uthorized by	the corpora	ition's board of directors. I hereby accep	ot the appointment as registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Horida Statutes, the above-named corporation submits this statement for the purpose or 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, typed or printed name of a gistered a	pool and title if applicable.	(NOTE:	Registered Age	ent signature regu	Ired when reinstating)	- 8 - 9 7
A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE PD		DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME BELGE, LORRAINE I	GE. LORRAINE I		1.2 NAME			
	2318 BRISTOL AVENUE		1.3 STREET	ADDRESS		li di
	LAKELAND FL 33803		1,4 CiTY - S	IT- ZIP]
TITLE STD			2.1 TITLE			Change Addition
, — · · .	CLARK, DANNY H		2.2 NAME			
	2318 BRISTOL AVENUE		2.3 STREET	ADDRESS		
	a seems about the seems		2. 4 CITY-	ST-ZIP	•	
TITLE D		DELETE	3.1 TITLE	<u> </u>		Change Addition
NAME BELGE, RENEE			3.2 NAME			
	2318 BRISTOL AVENUE		3.3 STREET	ADDRESS		
	LAKELAND FL 33803		3.4. CITY-			
TITLE		DELETE	4.1 TITLE	<u> </u>		Change Addition
NAME			4. 2 NAME		•	
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY-5	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 - S			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME	_		6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-5	1		
14. I do hereby certify that the information suppl	ied with this filing doe	s not qualify	for the exe	motion state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the

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.