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Mar 25 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 # N96000005905 (2)

1. Corporation Name
CENTER OF LIFE, INC.



Principal Place of Business
234 E HORNBEAM DR
LONGWOOD FL 32779

Mailing Address
234 E HORNBEAM DR
LONGWOOD FL 32779-2544

3. Date Incorporated or Qualified
11/15/1996

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
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

P.O. Box 740060
ORANGE CITY, FL
32774 USA

4. FEI Number
59-3419102

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
DEVITA, DIANA F
234 E HORNBEAM DR
LONGWOOD FL 32779

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DEVITA, DIANA	
STREET ADDRESS	234 E HORNBEAM DR	
CITY - ST - ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARIA, GIOIA	
STREET ADDRESS	234 E HORNBEAM DR	
CITY - ST - ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEVENS, DONNA	
STREET ADDRESS	1124 S MAGNOLIA	
CITY - ST - ZIP	PALASTINE TX 75801	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MECHEM, LINDA	
STREET ADDRESS	3135 ZION CHURCH RD	
CITY - ST - ZIP	DALLAS GA 30132	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANG, JANET	
STREET ADDRESS	8380 COUNTY RD 32-C	
CITY - ST - ZIP	LOVELAND CO 80538	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOBROWSKI, DEBRA	
STREET ADDRESS	5569 N COUNTY RD 29	
CITY - ST - ZIP	LOVELAND CO 80538	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: Diana F. DeVita DIANA F. DeVita, Pres. 3/20/97 (407) 263-4156

CR2E037 (9/96)