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**Mar 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005905 (2)

1. Corporation Name
CENTER OF LIFE, INC.



Principal Place of Business 234 E HORNBEAM DR LONGWOOD FL 32779	Mailing Address POST OFFICE BOX 740060 N/A ORANGE CITY FL 32774 US
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3. Date Incorporated or Qualified 11/15/1986	
4. FEI Number 59-3419102	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 381 CR 13 South Suite, Apt. #, etc.	2a. Mailing Address 28 381 CR 13 South Suite, Apt. #, etc.
22 City & State 23 St. Augustine, FL	27 City & State 28 St. Augustine, FL
24 Zip 32092 25 Country USA	29 Zip 32092 30 Country USA

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 **381 CR 13 South**
84 City **St. Augustine** FL 85 Zip Code **32092**

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 *Diana F. Devita, President* DATE **2/10/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
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 checked="" type="checkbox"/> DELETE
NAME	STEVENS, DONNA	
STREET ADDRESS	1424 S MAGNOLIA	
CITY-ST-ZIP	PALASTINE TX 75801	
TITLE	D	<input checked="" 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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Pres.	<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Devita, Diana		
1.3 STREET ADDRESS	381 CR 13 South		
1.4 CITY-ST-ZIP	St. Augustine, FL 32092		
2.1 TITLE	Sect/Treasurer - D	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	MARIA, GIOIA		
2.3 STREET ADDRESS	381 CR 13 South		
2.4 CITY-ST-ZIP	St. Augustine, FL 32092		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	Vice-President - D	<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Bobrowski, Deb		
5.3 STREET ADDRESS	5569 N. County Rd 29		
5.4 CITY-ST-ZIP	LOVELAND, CO 80538		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, President* DATE: **2/10/98** (904) 839-5699

CF2E037 (10/97)

Dep 6/25