

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005905

1. Entity Name

CENTER OF LIFE, INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90015 004 ****61.25

Principal Place of Business

Mailing Address

381 CR 13 SOUTH
 ST. AUGUSTINE FL 32092
 US

381 CR 13 SOUTH
 ST. AUGUSTINE FL 32164-4273
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10 Montauk Ln

10 Montauk Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

Palm Coast, FL

4. FEI Number

59-3419102

Applied For

Not Applicable

Zip

32164

Country

USA

Zip

32164

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEVITA, DIANA F
 381 CR 13 SOUTH
 ST. AUGUSTINE FL 32092

Name

Street Address (P.O. Box Number is Not Acceptable)

10 Montauk Ln

City

Palm Coast

FL

Zip Code

32164

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME PD
 DEVITA, DIANA
 STREET ADDRESS 381 CR 13 SOUTH
 CITY-ST-ZIP ST. AUGUSTINE FL 32092

TITLE Change Addition
 NAME
 STREET ADDRESS 10 Montauk Ln.
 CITY-ST-ZIP Palm Coast, FL 32164

TITLE Delete
 NAME STD
 MARIA, GIOIA
 STREET ADDRESS 381 CR 13 SOUTH
 CITY-ST-ZIP ST. AUGUSTINE FL 32092

TITLE Change Addition
 NAME
 STREET ADDRESS 10 Montauk Ln
 CITY-ST-ZIP Palm Coast, FL 32164

TITLE Delete
 NAME VPD
 BOBROWSKI, DEBRA
 STREET ADDRESS 5569 N COUNTY RD 29
 CITY-ST-ZIP LOVELAND CO 80538

TITLE Change Addition
 NAME VPD
 NAME Neils, Lisa
 STREET ADDRESS 12025 Rothenham Dr.
 CITY-ST-ZIP Austin, TX 78753

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA F. DEVITA, Pres. 1/7/2000 (904)447-9770
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)