

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005905

FILED
Jan 03, 2006
Secretary of State

Entity Name: CENTER OF LIFE, INC.

Current Principal Place of Business:

59 KATHLEEN TRAIL
PALM COAST, FL 32164 US

New Principal Place of Business:

Current Mailing Address:

59 KATHLEEN TRAIL
PALM COAST, FL 32164 US

New Mailing Address:

FEI Number: 59-3419102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEVITA, DIANA F
59 KATHLEEN TRAIL
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DEVITA, DIANA
Address: 59 KATHLEEN TRAIL
City-St-Zip: PALM COAST, FL 32164

Title: STD () Delete
Name: MARIA, GIOIA
Address: 59 KATHLEEN TRAIL
City-St-Zip: PALM COAST, FL 32164

Title: VPD () Delete
Name: BELLATTI, LINDA F
Address: 37206 N. TRANQUIL TRAIL
City-St-Zip: CAREFREE, AZ 85377

Title: D () Delete
Name: GRANATO, GINA
Address: 4521 NE 30TH
City-St-Zip: PORTLAND, OR 97211

Title: D () Delete
Name: DELANO, DEBRA
Address: 5569 N. COUNTY RD. 29
City-St-Zip: LOVELAND, CO 80538

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA F. DEVITA

PD

01/03/2006

Electronic Signature of Signing Officer or Director

Date