

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000005905**

1. Entity Name  
**CENTER OF LIFE, INC.**



Principal Place of Business

**59 KATHLEEN TRAIL  
 PALM COAST, FL 32164 US**

Mailing Address

**59 KATHLEEN TRAIL  
 PALM COAST, FL 32164 US**



02262008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3419102** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
 IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000898970  
 04/28/08-80019-025 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEVITA, DIANA 59 KATHLEEN TRAIL PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARIA, GIOIA 59 KATHLEEN TRAIL PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BELLATTI, LINDA F 37206 N. TRANQUIL TRAIL CAREFREE, AZ 85377
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANATO, GINA 4521 NE 30TH PORTLAND, OR 97211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELANO, DEBRA 5569 N. COUNTY RD. 29 LOVELAND, CO 80538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

*3-21-08 Diana DeVita, Chair - BOT*