

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000917

FILED
Apr 25, 2009
Secretary of State

Entity Name: CHOOSE LIFE, INC.

Current Principal Place of Business:

2360 SE 51ST AVE
OCALA, FL 34480 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 830152
OCALA, FL 34483 US

New Mailing Address:

FEI Number: 59-3440878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANEW, THOMAS
5138 SE 14TH PLACE
OCALA, FL 34471 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: D () Delete
Name: RANEW, THOMAS
Address: 5138 SE 14TH PLACE
City-St-Zip: OCALA, FL 34471 US

Title: D () Delete
Name: CASEY, JAMES T DR
Address: 200 SE 17TH STREET
City-St-Zip: OCALA, FL 34471 US

Title: D () Delete
Name: STEEL, LELA M
Address: 2909 NE 24TH AVE.
City-St-Zip: OCALA, FL 34479 US

Title: P () Delete
Name: HARRIS, RANDY
Address: 10805 NE HWY 314
City-St-Zip: SILVER SPRINGS, FL 34488 US

Title: ST () Delete
Name: AMERLING, RUSSELL E
Address: 2360 SE 51ST AVE
City-St-Zip: OCALA, FL 34480 US

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 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: RUSSELL E. AMERLING

S/T

04/25/2009

Electronic Signature of Signing Officer or Director

Date