

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90795 001 \*\*\*211.25

**DOCUMENT # N97000001032**

1. Entity Name  
**CENTER OF LIFE A MENTAL HEALTH AGENCY, INC.**  
*61.25*

Principal Place of Business  
**206 ATLANTA AVENUE  
STUART FL 34994**

Mailing Address  
**206 ATLANTA AVENUE  
STUART FL 34994**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

Country

4. FEI Number **94-3245339**

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



**35000968**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**FULLER, KATHLEEN  
206 ATLANTA AVENUE  
STUART FL 34994**

7. Name and Address of New Registered Agent  
Name **Kathleen Fuller**  
Street Address (P.O. Box Number is Not Acceptable) **Cell N. Federal Hwy**  
**Stuart**  
City **FL** Zip Code **34994**

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 *Kathleen Fuller* DATE *1-7-03*

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

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD FULLER, KATHLEEN 206 ATLANTA AVENUE STUART FL 34994</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CROUCH, DANIELLE M 265 S.W. PT. ST. LUCIE #180 PT. ST. LUCIE FL 34984</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CROUCH, SHANNON N 206 ATLANTA AVENUE STUART FL 34994</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kathleen Fuller* DATE *1-7-03* *220-4556*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)