


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

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90026 049 \*\*\*\*61.25

<b>DOCUMENT # N98000001756</b>					
1. Entity Name CAFE OF LIFE, INC.					
Principal Place of Business PO BOX 367794 BONITA SPRINGS, FL 34136 US			Mailing Address P.O BOX 367794 BONITA SPRINGS, FL 34136		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0832961	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BALA, MARIETTA 23056 SHADY KNOLL DRIVE BONITA SPRINGS, FL 34135				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 <u>Marietta C. Bala</u>		SIGNATURE <u>Marietta C. Bala</u>		DATE <u>4/05/08</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	RIDDLE, GEORGE	NAME	Wheatley, Bruce		
STREET ADDRESS	26347 WILLIAMSBURG DR.	STREET ADDRESS	24480 Woodsage Drive		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	Bonita Springs, FL 34134		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARNOLD, SCOTT	NAME			
STREET ADDRESS	12778 HUNTERS RIDGE DRIVE	STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TRACY, SUE	NAME	Cyrus, Ken		
STREET ADDRESS	13142 BRIDGEFORD AVE	STREET ADDRESS	24990 Pennyroyal Drive		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	Bonita Springs, FL 34134		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAM, MAYBROOK A	NAME			
STREET ADDRESS	26448 BRICK LANE	STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34134	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BALA, MARIETTA C	NAME	Rev. Tom Slater		
STREET ADDRESS	23056 SHADY KNOLL DR	STREET ADDRESS	26930 Nicki J. Court		
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP	Bonita Springs, FL 34135		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HEDMAN, CAROL	NAME			
STREET ADDRESS	26700 LOST WOODS CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	BONITA SPRINGS, FL 34135	CITY-ST-ZIP			
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.					
SIGNATURE: <u>Marietta C. Bala</u>		SIGNATURE: <u>Marietta C. Bala</u>		DATE: <u>4/5/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # <u>239-495-9226</u>	

