## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000001756

Entity Name: CAFE OF LIFE, INC.

FILED Jan 13, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

23056 SHADY KNOLL DRIVE BONITA SPRINGS, FL 34135 US

Current Mailing Address: New Mailing Address:

US

P.O BOX 367794 BONITA SPRINGS, FL 34136

FEI Number: 65-0832961 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BALA, MARIETTA CHAIR 23056 SHADY KNOLL DRIVE BONITA SPRINGS, FL 34135

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

Name: WHEATLEY, BRUCE VICE CH Address: 24480 WOODSAGE DRIVE City-St-Zip: BONITA SPRINGS, FL 34134

Title: D

Name: ARNOLD, SCOTT

Address: 12778 HUNTERS RIDGE DRIVE City-St-Zip: BONITA SPRINGS, FL 34135

Title:

Name: TRACY, SUE TREAS.
Address: 13142 BRIDGEFORD AVE
City-St-Zip: BONITA SPRINGS, FL 34135

Title: [

Name: LOU, STOLZ A

Address: 13171 BRIDGEFORD AVENUE City-St-Zip: BONITA SPRINGS, FL 34135

Title:

Name: BALA, MARIETTA C CHAIR.
Address: 23056 SHADY KNOLL DR
City-St-Zip: BONITA SPRINGS, FL 34135

Title:

Name: HEDMAN, CAROL

Address: 26700 LOST WOODS CIRCLE City-St-Zip: BONITA SPRINGS, FL 34135

I hereby 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 all other like empowered.

SIGNATURE: MARIETTA BALA CHAI 01/13/2010