

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90135 006 \*\*\*\*61.25

0059698

**DOCUMENT # N98000005022**

1. Corporation Name

**EDUCATORS FOR LIFE, INC.**

Principal Place of Business

4720 S.E. 15TH AVENUE  
NO. 103  
CAPE CORAL FL 33904

Mailing Address

4720 S.E. 15TH AVENUE  
NO. 103  
CAPE CORAL FL 33904



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**08/28/1998**

4. FEI Number

**05-0873231**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**REILLY, BERNADETTE  
1725 MAIN STREET  
FT. MYERS BEACH FL 33931**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	Bernadette Reilly PTR	<input type="checkbox"/> DELETE
NAME	1725 Main St	
STREET ADDRESS	Ft Myers Beach FL	
CITY-ST-ZIP		
TITLE	Bob Morley VP Tr	<input type="checkbox"/> DELETE
NAME	16240 Dushin Rd	
STREET ADDRESS	Ft Myers FL 33908	
CITY-ST-ZIP		
TITLE	Mary Doherty S Tr	<input type="checkbox"/> DELETE
NAME	974 E Gueida	
STREET ADDRESS	Sanibel FL 33957	
CITY-ST-ZIP		
TITLE	J Paul Tinney Tr	<input type="checkbox"/> DELETE
NAME	4051 Triplett Rd	
STREET ADDRESS	N Ft Myers FL	
CITY-ST-ZIP		
TITLE	Rosemary Ryan Tr	<input type="checkbox"/> DELETE
NAME	5066 Bee wood Dr	
STREET ADDRESS	Sanibel FL 33957	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Bernadette Reilly**

**3/11/99**

Date

**(941) 542-5433**

Daytime Phone #

CR2E037 (11/98)