

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90229 048 ****61.25

DOCUMENT # N99000002453

1. Entity Name
LIFETIDES HOME, INC.



Principal Place of Business
**3133 LAS OLAS DRIVE
DUNEDIN, FL 34698 US**

Mailing Address
**3438 EAST LAKE RAD.
SUITE 14, PMB 650
PALM HARBOR, FL 34685**

64070440



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3450873

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIMENO, SUE
3710 OLD KEYSTONE RD.
TARPON SPRINGS, FL 34688**

Name
SUE DILENCE
Street Address (P.O. Box Number is Not Acceptable)
3710 OLD KEYSTONE RD
City
TARPON SPRINGS FL Zip Code
34688

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 *Sue Di Lence*

4-28-04

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, 2004**

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 **D** ☐ Delete
NAME **GIMENO, SUE**
STREET ADDRESS **3710 OLD KEYSTONE RD.**
CITY-ST-ZIP **TARPON SPRINGS, FL 34688**

TITLE **SUE DILENCE** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **LAWSON, ROBERTA**
STREET ADDRESS **3945 FIRST AVE. S**
CITY-ST-ZIP **ST PETERSBURG, FL 33711**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **BEAVERS, GERALDINE**
STREET ADDRESS **273 DIOGNES ST.**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SEC.** ☐ Change ☒ Addition
NAME **JAMES CANIAND**
STREET ADDRESS **4175 E BAY DR. #130**
CITY-ST-ZIP **CLAREMONT, FL 33767**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Sue Di Lence*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04 *727-804-4500*

Date

Daytime Phone #