## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000005722

FILED Sep 18, 2009 Secretary of State

Entity Name: TRUE LIFE COMMUNITY RESOURCE CENTER INC.

urrent P	rincipal Place of Business:	New Principal Place	of Business:
210 US F	HWY 19 N		
OLIDAY,	FL 34691		
	lailing Address:	New Mailing Addres	s:
.O. BOX ARPON :	312 SPRINGS, FL 34688		
	: 31-1672572 FEI Number Applied For ( ) ace with s. 607.193(2)(b), F.S., the corporation did no	FEI Number Not Applicable() t receive the prior notice.	Certificate of Status Desired ( )
ame and	Address of Current Registered Agent:	Name and Address of	of New Registered Agent:
ICKAY, R	REBECCA		
	WICK DR RT RICHEY, FL 34652 US		
EW POF	WICK DR	ourpose of changing its registere	ed office or registered agent, or both,
EW POF ne above the State	WICK DR RT RICHEY, FL 34652 US e named entity submits this statement for the p e of Florida. RE:		
EW POF ne above the State	WICK DR RT RICHEY, FL 34652 US e named entity submits this statement for the p e of Florida.		ed office or registered agent, or both,  Date
EW POF he above the State	WICK DR RT RICHEY, FL 34652 US e named entity submits this statement for the p e of Florida. RE:	ent	
EW POF he above the State	WICK DR RT RICHEY, FL 34652 US e named entity submits this statement for the pe of Florida.  RE: Electronic Signature of Registered Age	ent	Date
EW POF the above the State GNATUI  FFICER: le: ame: ldress:	WICK DR RT RICHEY, FL 34652 US  e named entity submits this statement for the pe of Florida.  RE: Electronic Signature of Registered Age  S AND DIRECTORS:  PD () Delete MCKAY, GEORGE III 3846 BERWICK DR	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: REBECCA MCKAY DVP 09/18/2009