2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005722

TRUE LIFE COMMUNITY RESOURCE CENTER INC.



May 05, 2003 8:00 am § Secretary of State

05-05-2003 90715 040 ****70.00

Principal Place of Business Mailing Address 11039560 P.O. BOX 312 39340 US 19 NORTH TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 Mailing Address 2. Principal Place of Business ろね 39340 US Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 31-1672572 Applied For larson ar () or Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired flmerica 34 b89 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCKAY, GEORGE III Number is Not Acceptable) 1013 BRASS LANE Norbli HOLIDAY FL 34691 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. SIGNATUR (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCKAY, GEORGE III NAME NAME STREET ADDRESS STREET ADDRESS 1013 BRASS LANE CITY-ST-ZIP CITY-ST-ZIP HOLIDAY FL 34691 TITLE Delete TITLE ☐ Change ☐ Addition MCKAY, REBECCA DR. NAME STREET ADDRESS 1013 BRASS LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLIDAY FL 34691 TITLE Delete TITLE Change Addition HIGGINS, GEORGE III NAME NAME STREET ADDRESS 9407 HILLDROP CT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **TAMPA FL 33615** ☐ Addition ☐ Delete TITI F ☐ Change TITLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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

in address, with all other like empowered. changed, or on an aftachment with SIGNATURE: