


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000005841</b>	
1. Entity Name <b>PROSPERING, BELIEVING, AND LEARNING TO LIVE AGAIN, INC.</b>	

Principal Place of Business <b>112 S. COURTLAND BLVD. DELTONA, FL 32738</b>	Mailing Address <b>112 S. COURTLAND BLVD. DELTONA, FL 32738</b>
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**DO NOT WRITE IN THIS SPACE**



02092004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>31-1656319</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**HILL, LIZZIE  
112 S. COURTLAND BLVD.  
DELTONA, FL 32738**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000049967 02/13/04-80044-015 61.25</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SANDERS, SANTUNIA 2253 MATTHEW CRL DELTONA, FL 32725
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D ALEXANDER, PAMELA 1962 S OLD MILL DR DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELSER, SYLVIA 1324 OLEANDER AVE SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HILL, LIZZIE 112 S. COURTLAND BLVD DELTONA, FL 32738
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Lizzie Hill* **Lizzie Hill** **2/9/04** **407-321-6702**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #