


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2004 8:00 am
Secretary of State

06-16-2004 90013 022 ****61.25

DOCUMENT # N99000006777

1. Entity Name
 DYING TO LIVE AGAIN FOUNDATION, INC.



Principal Place of Business
 1901 E ATLANTIC BLVD
 POMPANO BEACH, FL 33062

Mailing Address
 PO BOX 1481
 POMPANO BCH, FL 33061

34037000



2. Principal Place of Business
 4542 Sea Grape Dr.
 Suite, Apt. #, etc.

3. Mailing Address
 Same
 Suite, Apt. #, etc.

06112004 Chg-NP CR2E037 (10/03)

City & State
 Lauderdale by Sea, FL

City & State

4. FEI Number
 65-0967227

Applied For
 Not Applicable

Zip
 33308

Country
 Broward

Zip
 Country

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

6. Name and Address of Current Registered Agent

BRAZIER, SARAH L
 1901 E ATLANTIC BLVD
 POMPANO BEACH, FL 33062

7. Name and Address of New Registered Agent

Name
 Same

Street Address (P.O. Box Number is Not Acceptable)
 4542 Sea Grape Dr

City
 Lauderdale by the Sea, FL

Zip Code
 33308

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: *Sarah L Brazier, Director* DATE: 6/1/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BALDWIN, STEVEN J	
STREET ADDRESS	1901 E ATLANTIC BLVD	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAZIER, SARAH L	
STREET ADDRESS	1901 E ATLANTIC BLVD	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUTHER, ANNIE	
STREET ADDRESS	1901 E ATLANTIC BLVD	
CITY-ST-ZIP	POMPANO BEACH, FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4542 Sea Grape Dr	
CITY-ST-ZIP	LBS, Fla 33308	
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4542 Sea Grape Dr	
CITY-ST-ZIP	LBS, Fla 33308	
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4542 Sea Grape Dr	
CITY-ST-ZIP	LBS, Fla 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sarah L Brazier* SARAH L. BRAZIER DATE: 6/1/04 81-70809

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