FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000088405 (2)

1. Corporation Name

STAFF OF LIFE, INC.

Principal Place of Business
301 VIRGINIA AVE
VALPARAISO FL 32580

Mailing Address
301 VIRGINIA AVE
VALPARAISO FL 32580

3. Date Incorporated or Qualified: 11/17/1995

3a. Date of Last Report:

4. FEI Number: 59-3344116 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 123 N. Partin Drive
Suite, Apt. #, etc.
22 Niceville, Florida
City & State
23 32578 Okaloosa
Zip / Country
24 / 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip / Country
29 / 30

9. **Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	KIRCH, RAYMOND S	
STREET ADDRESS	301 VIRGINIA AVE	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE	D	☐ DELETE
NAME	KIRCH, DORIS E	
STREET ADDRESS	301 VIRGINIA AVE	
CITY-ST-ZIP	VALPARAISO FL 32580	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/VC	☐ Change ☒ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	S/T	☐ Change ☒ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	V	☐ Change ☒ Addition
3.2 NAME	Fails, Belinda C	
3.3 STREET ADDRESS	5838 US Hwy 90W	
3.4 CITY-ST-ZIP	DeFuniak Springs, FL 32433	
4.1 TITLE	D/C	☐ Change ☒ Addition
4.2 NAME	Cecil, John H	
4.3 STREET ADDRESS	5836 US Hwy 90W	
4.4 CITY-ST-ZIP	DeFuniak Springs, FL 32433	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	Cecil, Sandra L	
5.3 STREET ADDRESS	5836 US Hwy 90W	
5.4 CITY-ST-ZIP	DeFuniak Springs, FL 32433	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Doris E. Kirch — Doris E. Kirch — 22 January 1996 — (904) 678-2827

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

CR2E034 (12/95)