

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000088405

Entity Name: STAFF OF LIFE, INC.

FILED
Mar 16, 2009
Secretary of State

Current Principal Place of Business:

119 N. PARTIN DR.
DEFUNIAK SPRINGS, FL 32578 US

New Principal Place of Business:

119 N. PARTIN DR.
NICEVILLE, FL 32578 US

Current Mailing Address:

119 N. PARTIN DR.
DEFUNIAK SPRINGS, FL 32578 US

New Mailing Address:

119 N. PARTIN DR.
NICEVILLE, FL 32578 US

FEI Number: 59-3344116

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CECIL, SANDRA L
624 FOREMAN RD
DEFUNIAK SPRINGS, FL 32435 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CECIL, JOHN H
Address: 624 FOREMAN RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: ST () Delete
Name: CECIL, SANDRA L
Address: 624 FOREMAN RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: V () Delete
Name: MCMILLAN, BELINDA C
Address: 624 FOREMAN RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: DC (X) Delete
Name: CECIL, JOHN H.
Address: 624 FOREMAN RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: D (X) Delete
Name: CECIL, SANDRA L.
Address: 624 FOREMAN RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: VP (X) Delete
Name: MCMILLAN, BELINDA C
Address: 624 FOREMAN RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CECIL, JOHN H
Address: 624 FOREMAN RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: ST (X) Change () Addition
Name: CECIL, SANDRA L
Address: 624 FOREMAN RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: V (X) Change () Addition
Name: MCMILLAN, BELINDA C
Address: 626 FOREMAN RD
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA L. CECIL

ST

03/16/2009

Electronic Signature of Signing Officer or Director

Date