## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P95000088405

1. Entity Name



## **FILED** Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90300 029 \*\*\*150.00

STAFF OF LIFE, INC.							03 31 2003	20300 022	13	0.00	
Principal Place of Business 123 N. PARTIN DR. NICEVILLE FL 32578 US		Mailing Address 123 N. PARTIN DR. NICEVILLE FL 32578 US									
2. Principal Pi	ace of Business	3. Mailing Address					DENIN BOKON NENEN	[8]]]]	iB101 6111 1001		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHĒCK ĤĒŔĒ ÌĒ	MAKING CH	HANGES	<u></u>		
City & State	9	City & State				4. FEI	Number <b>59-3344116</b>	Not Applicable			
Zip	Country	Zip Co				5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and Address of Current	Registered	l Agent			7. Na	me and Address of New Re	gistered Age	nt		4
OFCII CANDDA I					Name						
CECIL, SA					Street Address (P.O. Box Number is Not Acceptable)						
624 FORE				-							
DEFUNIAK	SPRINGS FL 32433										1
				Ci	De Funia	aKS	Spgs. Fl	FL	Zip Cod <b>کے کے</b>		
	named entity submits this statement folions of registered agent.	r the purpo	se of changing its re	gistered of	tice or register	red agen	t, or both, in the State of Flori	da. Tam tam	illar with,	and accept	
SIGNATURE											
Old Willer	Signature, typed or printed name of registered agent	and title if appli	cable. (NOTE: F	legistered Ager	nt signature required	d when reins	tating)	DATE			}
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	State					Election Campaign Fina Trust Fund Contribution.			<b>)0</b> May Be d to Fees	
10. 🦸	OFFICERS AND	DIRECTOR	RS	11.		ADDI	TIONS/CHANGES TO OFFIC	ERS AND DI	RECTOR	S IN 11	1.
TITLE	P 3		☐ Delete	TITLE	7.5		<del></del>		Change	☐ Addition	Ĉ,
NAME _	CECIL, JOHN H			NAME OVER NO	CEC	7/L	JOHN H.	<del></del>			1
STREET ADDRESS CITY-ST-ZIP	5836 HYW 90 W DEFUNIAK SPRINGS FL 32433			STREET ADI	IP G24	TON	eman Rel. K. Spp. Fl. 32	/ 3==			2
	ST ST	<del></del> -,-	Delete	TITLE	Del ST	<u>runia</u>	ik Spyr. Fl. 3d	<i>4.3</i> 3	Change	Addition	1
TITLE NAME	CECIL, SANDRA L		L Delete	NAME		د ./ن <u>ه</u>	Sandra L.		Jonango		٥
STREET ADDRESS	5836.HWY.90.W		ای بیان منبورد این	STREET AD			reman Rd.				
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433			CITY-ST-Z	P De Fa	unnK	Spgs F1 32/35				1
TITLE	V		☐ Delete	TITLE	. V	m·ll .	2.12.1		Change	Addition	ļ
NAME STREET ADDRESS	MCMILLAN, BELINDA C 5838 US HWY 90W			NAME STREET ADI			Belinda C.				1
CITY-ST-ZIP	DEFUNIAK SPRINGS FL			CITY-ST-Z		Finial	4 Spar Fl 324	<u>۔۔۔</u> سےوا			
TITLE	DC DC		☐ Delete	TITLE	DC.	4/18	c 9493. 7 1. 544.		Change	☐ Addition	1
NAME	CECIL, JOHN H.			NAME	Cec	ت برانده	Tohn_H				
STREET ADDRESS	5836 US HWY 90W			STREET AD		E For	reman_Kd		<del></del>		Î
CITY-ST-ZIP	DEFUNIAK SPRINGS FL			CITY-ST-Z	P De F	unial	L Spgs. Fl. 32.				4
TITLE	D CECH CAMODA I		□ Delete	TITLE	8-	/ <	To make a /:	Ĺ	Change,	- 🔲 Addition:	
NAME STREET ADDRESS	CECIL, SANDRA L. 5836 US HWY 90W		•	NAME STREET AD	DRESS / 2/		venne Del		_		}
CITY-ST-ZIP	DEFUNIAK SPRINGS FL			CITY-ST-Z		tion in	ik Sogs Fl. 3	2425			
TITLE	VP		☐ Delete	TITLE	110	-cento	- Jugs. 1. C		Change	☐ Addition	1
NAME	MCMILLAN, BELINDA C			NAME	mo	mili	lan, Belinda_C			<del></del>	
STREET ADDRESS	5838 HWY 90 W		•	STREET AD		Force					
CITY-ST-ZIP	DEFUNIAK SPRINGS FL 32433			CITY-ST-Z			K Spgs. Fl. 3:				4
<b>12.</b> Thereby o	certify that the information supplied with	this filing	does not qualify for the	ne exempti	on stated in Se	ection 11	9.07(3)(i), Florida Statutes. I i	further certify	that the i	nrormation	

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 607, 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.