

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 07, 2006 8:00 am**  
**Secretary of State**

08-07-2006 90040 047 \*\*\*\*61.25

**DOCUMENT # 734278**

1. Entity Name  
**ACTION FOR LIFE, INC.**



Principal Place of Business  
**2663 AIRPORT ROAD SOUTH  
D3  
NAPLES, FL 34102 US**

Mailing Address  
**PO BOX 8206  
NAPLES, FL 33941**

**50024354**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08022006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FARREN, FRANK  
408 7TH AVE S  
NAPLES, FL 34102**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 Frank Farren **FRANK FARREN** 8/2/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

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 **P** ☐ Delete  
NAME **HENNESSY, JOSEPH**  
STREET ADDRESS **4980 8TH AVE SW**  
CITY-ST-ZIP **NAPLES, FL 34103**

TITLE **V** ☒ Delete  
NAME **KOLLEGGER, CAROLYN**  
STREET ADDRESS **611-19TH CT SW**  
CITY-ST-ZIP **NAPLES, FL 34117**

TITLE **DS** ☒ Delete  
NAME **FLAHERTY, ERIN**  
STREET ADDRESS **1235 RESERVE WAY 3107**  
CITY-ST-ZIP **NAPLES, FL 34105**

TITLE **T** ☐ Delete  
NAME **FARREN, FRANK**  
STREET ADDRESS **400 7TH AVENUE S**  
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE **D** ☐ Delete  
NAME **FARREN, NANCY**  
STREET ADDRESS **4007TH AVE S**  
CITY-ST-ZIP **NAPLES, FL 34102**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **JUDI KATZ**  
STREET ADDRESS **6576 CHESTNUT CIRCLE**  
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE ☐ Change ☒ Addition  
NAME **NANCY FITZPATRICK**  
STREET ADDRESS **212 DEERWOOD CIR. #5**  
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **EILEEN HENNESSY**  
STREET ADDRESS **4980 SYCAMORE**  
CITY-ST-ZIP **NAPLES, FL 34119**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Frank Farren **FRANK FARREN** 8/2/06 293-262-5433  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

50024354  
#734278

TITLE d  
NAME MICAH WRIGHT  
STREET 1025 COMMONS CIRCLE  
CITY, STATE NAPLES, FL 34119

TITLE d  
NAME REV. ROBERT PETERSON  
STREET 6926 TRAIL BLVD  
CITY, STATE NAPLES, FL 34108

TITLE d  
NAME REV DAVID MALLORY  
STREET 3799 THE LORD'S WAY  
CITY, STATE NAPLES, FL 34134