


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90424 049 \*\*\*\*61.25

<b>DOCUMENT # 734278</b> 1. Entity Name <b>ACTION FOR LIFE, INC.</b>	
--	---

Principal Place of Business <b>2663 AIRPORT ROAD SOUTH D3 NAPLES, FL 34102 US</b>	Mailing Address <b>PO BOX 8206 NAPLES, FL 33941</b>
--	--

**DO NOT WRITE IN THIS SPACE**

40003000



04262007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
--	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

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

<b>Filing Fee is \$81.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HENNESSY, JOSEPH 4980 8TH AVE SW NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KATZ, JUDI 6576 CHESTNUT CIR NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FITSPATRICK, NANCY 212 DEERWOOD CIR SUITE 8 NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FARREN, FRANK 400 7TH AVENUE S NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FARREN, NANCY 4007TH AVE S NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HENNESSY, EILEEN 4980 SYCAMORE NAPLES, FL 34119

**DO NOT WRITE  
IN THIS SPACE**

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 4/27/07 238-434-0579  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #