


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90047 035 ****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	
2. Principal Place of Business - No P.O. Box # 2663 Airport Rd-S		3. Mailing Address P.O. Box 8206	
Suite, Apt. #, etc. D-102		Suite, Apt. #, etc. -	
City & State Naples, Florida		City & State Naples, Florida	
Zip 34102		Zip 34101-8206	
Country Collier		Country Collier	
4. FEI Number NOT APPLICABLE		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FARREN, FRANK 408 7TH AVE S NAPLES, FL 34102		7. Name and Address of New Registered Agent Name Edward C. Melone Street Address (P.O. Box Number is Not Acceptable) 6132 THRESHER DRIVE City Naples FL Zip Code 34112	
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 <i>Edward C. Melone</i> Treasurer		DATE 4/09/08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HENNESSY, JOSEPH <input type="checkbox"/> Delete 4980 8TH AVE SW NAPLES, FL 34103	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KATZ, JUDI <input type="checkbox"/> Delete 6576 CHESTNUT CIR 205 7th Ave N. NAPLES, FL 34109 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FITSPATRICK, NANCY <input checked="" type="checkbox"/> Delete 212 DEERWOOD CIR SUITE 8 NAPLES, FL 34113	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FARREN, FRANK <input checked="" type="checkbox"/> Delete 400 7TH AVENUE S NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARREN, NANCY <input checked="" type="checkbox"/> Delete 4007TH AVE S NAPLES, FL 34102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENNESSY, EILEEN <input type="checkbox"/> Delete 4980 SYCAMORE NAPLES, FL 34119	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Edward C. Melone</i> Edward C. Melone		DATE 4/09/08 239-438-1033	