

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734278

FILED
Jan 07, 2009
Secretary of State

Entity Name: ACTION FOR LIFE, INC.

Current Principal Place of Business:

2663 AIRPORT RD SOUTH
D-102
NAPLES, FL 34102 US

New Principal Place of Business:

9 38 3RD AVENUE NORTH
NAPLES, FL 34102 US

Current Mailing Address:

P.O. BOX 8206
NAPLES, FL 341018206

New Mailing Address:

FEI Number: 59-1720903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MELONE, EDWARD
6132 THRESHER DRIVE
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

MELONE, EDWARD C
6132 THRESHER DRIVE
NAPLES, FL 34112 US

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: EDWARD C. MELONE

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HENNESSY, JOSEPH
Address: 4980 8TH AVE SW
City-St-Zip: NAPLES, FL 34103

Title: VP () Delete
Name: KATZ, JUDI
Address: 205 7TH AVE N.
City-St-Zip: NAPLES, FL 34102

Title: DS () Delete
Name: CANTER, JOAN
Address: 2081 W. CROWN POINT BLVD
City-St-Zip: NAPLES, FL 34113

Title: T () Delete
Name: MELONE, EDWARD C
Address: 6102 THRESHER DRIVE
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: HENNESSY, EILEEN
Address: 4980 SYCARMORE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: HENNESSY, JOSEPH
Address: 4980 8TH AVE SW
City-St-Zip: NAPLES, FL 34103

Title: VP (X) Change () Addition
Name: KATZ, JUDITH
Address: 205 7TH AVE N.
City-St-Zip: NAPLES, FL 34102

Title: DS (X) Change () Addition
Name: CARTER, JOAN
Address: 2081 W. CROWN POINT BLVD
City-St-Zip: NAPLES, FL 34113

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

SIGNATURE: EDWARD C. MELONE

TRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date