

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90075 013 \*\*\*\*61.25

**DOCUMENT # 734278**

1. Entity Name

**ACTION FOR LIFE, INC.**



Principal Place of Business

**464 9TH ST., N.  
NAPLES FL 34102  
US**

Mailing Address

**PO BOX 8206  
NAPLES FL 33941**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HENNESSY, JOSEPH  
4980 8TH AVE SW  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>DVP</b>			
	<b>HENNESSY, JOSEPH</b>			
	<b>4980 8TH AVE SW</b>			
	<b>NAPLES FL 34103</b>			
	<b>DP</b>			
	<b>MELONE, EDWARD C</b>			
	<b>6132 THRESHER DR</b>			
	<b>NAPLES FL 34112-1904</b>			
	<b>DS</b>			
	<b>CARTER, JO AN</b>			
	<b>3130 KINGS LAKE BLVD</b>			
	<b>NAPLES FL 34112</b>			
	<b>T</b>			
	<b>FARREN, FRANK</b>			
	<b>400 7TH AVENUE S</b>			
	<b>NAPLES FL 34102</b>			

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 exemption stated in Section 119.07(3)(i), 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:

**Francis J. Farren** **FRANCIS J. FARREN** 1/8/03 239 2625433

CR2E037 (10/02)