### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# 734278

Entity Name: ACTION FOR LIFE, INC.

### **Current Principal Place of Business:**

2663 AIRPORT ROAD S. D-110 NAPLES, FL 34112

### **Current Mailing Address:**

P.O. BOX 8206 NAPLES, FL 34101-8206 US

## FEI Number: 59-1720903

#### Name and Address of Current Registered Agent:

WILLIAM, OPPENHEIMER ARTHUR 2663 AIRPORT ROAD S. D-110 NAPLES, FL 34112 US Certificate of Status Desired: No

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:	WILLIAM OPPENHEIMER	01/29/2021	
	Electronic Signature of Registered Agent	Date	
Officer/Director Detail :			

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	Title	PRES	Title	DIRECTOR
	Name	OPPENHEIMER, WILLIAM	Name	ANDREWS, CHRISTINE
	Address	698 MOORING DRIVE	Address	13 BUTTERFIELD TRAIL UNIT 201
	City-State-Zip:	NAPLES FL 34102	City-State-Zip:	NAPLES FL 34114
	Title	DIRECTOR	Title	VP
	Name	OPPENHEIMER, ANNE	Name	TARICSKA, JERRY
Address	Address		Address	8171 LOWBANK DRIVE
	City-State-Zip:		City-State-Zip:	NAPLES FL 34109
	Title	SECRETARY	Title	DIRECTOR
	Name	SACKS, ERICA 570 EL CAMINO REAL #2305 NAPLES FL 34119	Name	CLOUTIER, WILLIAM MARTIN
	Address		Address	9223 CORFU CT
City-State-Zip:	City-State-Zip:		City-State-Zip:	NAPLES FL 34114
	Title	DIRECTOR	Title	DIRECTOR
Name	LA RUSSO, MARIANNE	Name	LA RUSSO, ANTHONY	
	Address	PO BOX 7548	Address	PO BOX 7548
	City-State-Zip:	NAPLES FL 34101	City-State-Zip:	NAPLES FL 34101

#### Continues on page 2

I hereby 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 all other like empowered.

#### SIGNATURE: WILLIAM OPPENHEIMER

PRESIDENT

01/29/2021

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 29, 2021 Secretary of State 0191814692CC

# **Officer/Director Detail Continued :**

Title	TREASURER	Title	DIRECTOR
Name	CLOUTIER, REGINA	Name	SCHULTZ, WILLIAM
Address	9223 CORFU CT	Address	4167 ST GEORGE LANE
City-State-2	ip: NAPLES FL 34114	City-State-Zip:	NAPLES FL 34119
Title	DIRECTOR		

THE	DIRECTOR
Name	SCHULTZ, ANDREA
Address	4167 ST GEORGE LA

City-State-Zip: NAPLES FL 34119