

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734278

**Entity Name:** ACTION FOR LIFE, INC.**Current Principal Place of Business:**2500 AIRPORT ROAD S.  
SUITE 206  
NAPLES, FL 34112**Current Mailing Address:**P.O. BOX 8206  
NAPLES, FL 34101-8206 US**FEI Number:** 59-1720903**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLOUTIER, WILLIAM M PRESIDENT  
2500 AIRPORT ROAD S.  
SUITE 206  
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:** WILLIAM M. CLOUTIER

02/09/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENT  
Name CLOUTIER, WILLIAM M  
Address P.O. BOX 8206  
City-State-Zip: NAPLES FL 34101-8206

Title DIRECTOR  
Name BARBALE, THERESA  
Address PO BOX 8206  
City-State-Zip: NAPLES FL 34101

Title SECRETARY  
Name TARICKA, JERRY  
Address 8171 LOWBANK DRIVE  
City-State-Zip: NAPLES FL 34109

Title DIRECTOR  
Name CLOUTIER, REGINA A  
Address P.O. BOX 8206  
City-State-Zip: NAPLES FL 34101-8206

Title DIRECTOR  
Name VANDUSER, KYLE  
Address PO BOX 8206  
City-State-Zip: NAPLES FL 34101

Title DIRECTOR  
Name COLLINS, THEODORE  
Address P.O. BOX 8206  
City-State-Zip: NAPLES FL 34101-8206

Title DIRECTOR  
Name GERRITY, KEVIN  
Address P.O. BOX 8206  
City-State-Zip: NAPLES FL 34101-8206

Title DIRECTOR  
Name OPPENHEIMER, WILLIAM  
Address P.O. BOX 8206  
City-State-Zip: NAPLES FL 34101-8206

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*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 M. CLOUTIER

PRESIDENT

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           WOLLNIK, WALTER  
Address        P.O. BOX 8206  
City-State-Zip:  NAPLES FL 34101-8206

Title           DIRECTOR  
Name           BURNS, JAMES  
Address        PO BOX 8206  
City-State-Zip:  NAPLES FL 34101