

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004333

**Entity Name:** LIFE RENEWAL, INC.

**Current Principal Place of Business:**

2843 SWEETHOLLY DRIVE  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

2843 SWEETHOLLY DRIVE  
JACKSONVILLE, FL 32223

**FEI Number:** 59-3746887

**Certificate of Status Desired:** No

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

FLEMING, MICHELE DR.  
2843 SWEETHOLLY DR  
JACKSONVILLE, FL 32223 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name FLEMING, MICHELE DR.  
Address 2843 SWEETHOLLY DR  
City-State-Zip: JACKSONVILLE FL 32223

Title D  
Name FLEMING, NATHAN  
Address 2843 SWEETHOLLY DRIVE  
City-State-Zip: JACKSONVILLE FL 32223

Title D  
Name THOMPSON, CHRISTINE  
Address 113 HOOKER AVENUE  
City-State-Zip: POUGHKEEPSIE NY 12601

Title T  
Name FELIX, DEBORAH  
Address 56111 KNOTTED OAK WAY  
City-State-Zip: YULEE FL 32097

Title S  
Name BRADDY, BONNIE  
Address 16605 6TH AVENUE WEST, APT. A104  
City-State-Zip: LYNWOOD WA 98037

*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:** FLEMING , MICHELE DR.

DR.

01/02/2014

Electronic Signature of Signing Officer/Director Detail

Date