

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007132

Entity Name: LIFE VISION 24-7, INC.

Current Principal Place of Business:

5033 SAMPLER DR
TALLAHASSEE, FL 32303

Current Mailing Address:

P. O. BOX 2338
TALLAHASSEE, FL 32316 US

FEI Number: 14-1933939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POOLE, ALGIE B JR.
1409 CRESCENT HILLS DRIVE
TALLAHASSEE, FL 32303 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: ALGIE B POOLE, JR.

07/17/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, PRESIDENT
Name POOLE, ALGIE B JR.
Address 1409 CRESCENT HILLS DRIVE
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name GHENT, JEFFREY
Address 3165 SW CATHEDRAL ST.
City-State-Zip: PORT ST LUCIE FL 34953

Title SECRETARY, TREASURER,
DIRECTOR
Name POOLE, TERRI L
Address 1409 CRESCENT HILLS DRIVE
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR
Name PERDUE, WILLIE
Address 255 SW 8TH STREET
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR
Name GHENT, ERMA
Address 3165 SW CATHEDRAL ST.
City-State-Zip: PORT SAINT LUCIE FL 34953

Title DIRECTOR
Name BROWN, FELIX
Address 640 NW 23RD TERR.
City-State-Zip: POMPANO BEACH FL 33069

Title DIRECTOR
Name BROWN, TONYA
Address 640 NW 23RD TERR
City-State-Zip: POMPANO BEACH FL 33069

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: ALGIE B. POOLE

PRESIDENT

07/17/2024

Electronic Signature of Signing Officer/Director Detail

Date