

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003079

Entity Name: E-QUALITY OF LIFE FOUNDATION, INC.**Current Principal Place of Business:**4203 FAIRWAY DR. N.
JUPITER, FL 33477**Current Mailing Address:**4203 FAIRWAY DR. N.
JUPITER, FL 33477**FEI Number:** 20-8708976**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARENA, SUSAN
4203 FAIRWAY DR. N.
JUPITER, FL 33477 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	PD
Name	ARENA, SUSAN
Address	4203 FAIRWAY DR. N.
City-State-Zip:	JUPITER FL 33477

Title	SD
Name	FIESSINGER, BETTINA
Address	308 TEQUESTA DR., SUITE 101
City-State-Zip:	TEQUESTA FL 33469

Title	VPD
Name	CARUSO, MIKE
Address	1610 PRESIDENTIAL WAY, #207B
City-State-Zip:	WEST PALM BEACH FL 33401

Title	VPD
Name	SCHNEIDER, LARRY M
Address	4905 MIDTOWN LANE, SUITE 2313
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	D
Name	PROPPS, RANDOLPH DR.
Address	851 W. INDIANTOWN RD.
City-State-Zip:	JUPITER FL 33458

Title	TREASURER
Name	PARKER, TONI
Address	148 SEASHORE DRIVE
City-State-Zip:	JUPITER FL 33477

Title	DIRECTOR
Name	ST CLAIRE, DWIGHT
Address	4203 FAIRWAY DR. N.
City-State-Zip:	JUPITER FL 33477

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: SUSAN ARENA**PRESIDENT****04/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date