2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011391

Entity Name: PSALMS OF LIFE, INC.

# **Current Principal Place of Business:**

7900 NW 155 STREET 201 MIAMI LAKES, FL 33016

# **Current Mailing Address:**

7900 NW 155 STREET 201 MIAMI LAKES, FL 33016 US

# FEI Number: 27-4287676

### Name and Address of Current Registered Agent:

ANTHON & VASALLO, P.L.L.C. 7300 N KENDALL DRIVE 521 MIAMI, FL 33156 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                 | CHRISTOPHER VASALLO                      |                 |                             | 04/23/2021 |
|---------------------------|--|-----------------|-----------------------------|------------|
|                           | Electronic Signature of Registered Agent |                 |                             | Date       |
| Officer/Director Detail : |  |                 |                             |            |
| Title                     | PRESIDENT, DIRECTOR, TREASURER           | Title           | DIRECTOR, SECRETARY         |            |
| Name                      | BRYDON, JOSEPH M                         | Name            | VASALLO, CHRIS              |            |
| Address                   | 7900 NW 155 STREET<br>201                | Address         | 7300 N KENDALL DRIVE<br>521 |            |
| City-State-Zip:           | MIAMI LAKES FL 33016                     | City-State-Zip: | MIAMI FL 33156              |            |
| Title                     | EXECUTIVE DIRECTOR                       |                 |                             |            |
| Name                      | VASALLO, LELENIA                         |                 |                             |            |
| Address                   | 7300 N KENDALL DRIVE<br>521              |                 |                             |            |
| City-State-Zip:           | MIAMI FL 33156                           |                 |                             |            |

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: JOSEPH M BRYDON

PRESIDENT, DIRECTOR, 04/23/2021 TREASURER

Certificate of Status Desired: No

FILED Apr 23, 2021 Secretary of State 7362974945CC