

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

DOCUMENT# N12000000146

**Entity Name:** SHAKTI LIFE FOUNDATION, INC.

**Current Principal Place of Business:**

459 INLAND WAY  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

459 INLAND WAY  
ATLANTIC BEACH, FL 32233

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

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

DOOLEY, CARRIE Z  
459 INLAND WAY  
ATLANTIC BEACH, FL 32233 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 P  
Name DOOLEY, CARRIE Z  
Address 459 INLAND WAY  
City-State-Zip: ATLANTIC BEACH FL 32233

Title VP  
Name MULLINS, JILL  
Address 1305 DONALD STREET  
City-State-Zip: JACKSONVILLE FL 32205

Title TREASURER  
Name RUSSELL, STAAR  
Address 465 INLAND WAY  
City-State-Zip: ATLANTIC BEACH FL 32233

Title SECRETARY  
Name CARTER, MICHELLE  
Address 315 SAILFISH DR E.  
City-State-Zip: ATLANTIC BEACH FL 32233

Title D  
Name MONS, JENNY  
Address 2236 BAREFOOT TRACE  
City-State-Zip: ATLANTIC BEACH FL 32233

Title D  
Name HILL, DEBRA  
Address 1003 2ND STREET N.  
City-State-Zip: JACKSONVILLE FL 32250

*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: CARRIE ZARKA DOOLEY**

**PRESIDENT**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date