

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000007200

Entity Name: FIGHT 4 LIFE CORP**Current Principal Place of Business:**12254 SW 217 STREET
MIAMI, FL 33170**Current Mailing Address:**P.O. BOX 700662
MIAMI, FL 33170**FEI Number:** 47-1502920**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROOKS, ANTONIO L
12254 SW 217 STREET
MIAMI, FL 33170 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:** ANTONIO L BROOKS

03/18/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CEOD	Title	PD, PRESIDENT, DIRECTOR
Name	BROOKS, ANTONIO L	Name	WILLIAMS, J. ALEX
Address	12254 SW 217 STREET	Address	P.O. BOX 700662
City-State-Zip:	MIAMI FL 33170	City-State-Zip:	MIAMI FL 33170
Title	TD	Title	COO
Name	LEVINE, DANA	Name	BURSE, SYBIL G
Address	18806 NW 13TH CT	Address	4430 NW 7TH CT
City-State-Zip:	PEMBROKE PINES FL 33029	City-State-Zip:	PLANTATION FL 33317
Title	PASTOR	Title	OTHER
Name	MOORE, KEIH	Name	SILVERMAN, JOEL DR.
Address	P.O. BOX 700662	Address	P.O. BOX 700662
City-State-Zip:	MIAMI FL 33170	City-State-Zip:	MIAMI FL 33170
Title	PASTOR	Title	OTHER
Name	MOORE, KEIH	Name	SILVERMAN, JOEL DR.
Address	P.O. BOX 700662	Address	P.O. BOX 700662
City-State-Zip:	MIAMI FL 33170	City-State-Zip:	MIAMI FL 33170

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: ANTONIO BROOKS

CEOD

03/18/2023

Electronic Signature of Signing Officer/Director Detail

Date