

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000003846

**Entity Name:** SCREENING SAVES LIVES INC**Current Principal Place of Business:**1621 MILLS AVE  
ORLANDO, FL 32803**Current Mailing Address:**1621 MILLS AVE  
ORLANDO, FL 32803**FEI Number:** 47-3914072**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BELMONT, VICKI  
1621 N MILLS AVE.  
ORLANDO, FL 32803 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	CURRY, SUSAN
Address	1218 PARK AVE
City-State-Zip:	WINTER PARK FL 32789

Title	SD
Name	BELMONT, VICKI
Address	9193 TELFER RUN
City-State-Zip:	ORLANDO FL 32817

Title	TD
Name	PROSSER, SUE
Address	15 W SPEER AVE
City-State-Zip:	OAKLAND FL 34760

Title	D
Name	CURRY, CATHERINE
Address	2927 LINDALE AVE
City-State-Zip:	ORLANDO FL 32814

Title	D
Name	DEISSEROTH, MARY ANN
Address	1417 E CONCORD ST
City-State-Zip:	ORLANDO FL 32803

*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:** K. VICKI BELMONT**SECRETARY****01/15/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date