

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

DOCUMENT# N17000002539

Entity Name: LIFE DEBT, INC.

**Current Principal Place of Business:**

270 NE 57 STREET  
FORT LAUDERDALE, FL 33334

**Current Mailing Address:**

270 NE 57 STREET  
FORT LAUDERDALE, FL 33334 US

FEI Number: 82-0787890

Certificate of Status Desired: Yes

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

RIZZO, PATRICIA  
270 NE 57 STREET  
FORT LAUDERDALE, FL 33334 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 RIZZO, PATRICIA  
Address 270 NE 57 STREET  
City-State-Zip: FORT LAUDERDALE FL 33334

Title VP  
Name MCDERMOTT, BARBARA  
Address 1154 RIVER PARK BLVD  
City-State-Zip: NAPA CA 94559

Title ADV  
Name SIMMONS, CHRISTOPHER C II  
Address 2251 NW 41ST AVE #109  
City-State-Zip: LAUDERHILL FL 33313

Title D  
Name GEORGE, MARIE  
Address 11660 NE LARK AVE  
City-State-Zip: STUART FL 34994

Title D  
Name RIZZO, JOSEPH  
Address 270 NE 57 ST  
City-State-Zip: FORT LAUDERDALE FL 33334

Title CFOT  
Name NGUYEN, THAO  
Address 1189 SW 44TH AVE  
City-State-Zip: DEERFIELD BEACH FL 33442

Title S  
Name ROGERS, BOBBI  
Address 8381 NW 68TH AVE  
City-State-Zip: TAMARAC FL 33321

Title D  
Name MURPHY, CHRISTOPHER  
Address 6467 DARLINGTON ST SW  
City-State-Zip: CARROLLTON OH 44615

**Continues on page 2**

*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: PATRICIA RIZZO

PRESIDENT

01/29/2018

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title D  
Name WESTER, CATHY  
Address 35 ANDREW ST #7  
City-State-Zip: MANCHESTER NH 03104

Title D  
Name LOPEZ, MICHELLE  
Address 1720 NW 118TH AVE  
City-State-Zip: PEMBROKE PINES FL 33026

Title D  
Name RYAN, DARA  
Address 611 SW 78TH TERRACE  
City-State-Zip: NORTH LAUDERDALE FL 33068

Title D  
Name DEMELLO, CANDACE  
Address 409 FLOWING CREEK DR  
City-State-Zip: EVANS GA 30809

Title D  
Name ARCHER, JACK  
Address 1606 N WEIBLE ST  
City-State-Zip: POCAHONTAS AZ 72455