

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000001788

**Entity Name:** LONGPOLE 4 LIFE FOUNDATION, INC.

**Current Principal Place of Business:**

5531 N UNIVERSITY DRIVE  
SUITE 103  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

5531 N UNIVERSITY DRIVE  
SUITE 103  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 88-0837991

**Certificate of Status Desired:** No

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

WEISS LAW GROUP, P.A.  
5531 N UNIVERSITY DRIVE  
SUITE 103  
CORAL SPRINGS, FL 33067 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 WEISS, LOGAN  
Address 5531 N UNIVERSITY DRIVE  
City-State-Zip: CORAL SPRINGS FL 33067

Title VP T  
Name WEISS, TOVA  
Address 5531 N UNIVERSITY DRIVE  
City-State-Zip: CORAL SPRINGS FL 33067

Title VP S  
Name WEISS, JASON  
Address 5531 N UNIVERSITY DRIVE  
City-State-Zip: CORAL SPRINGS FL 33067

Title VP  
Name WEISS, MADISON  
Address 5531 N UNIVERSITY DRIVE  
City-State-Zip: CORAL SPRINGS FL 33067

*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:** JASON WEISS

VP S

04/18/2024

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

\_\_\_\_\_  
Date