

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003647

Entity Name: L.I.F.E./C.A.N., INC.**Current Principal Place of Business:**5445 SW WOODHAM STREET
PALM CITY, FL 34990**Current Mailing Address:**P O BOX 1711
PALM CITY, FL 34991 US**FEI Number:** 65-0927755**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DACCARETT, EDWARD J
5445 SW WOODHAM ST
PALM CITY, FL 34990 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	PRES
Name	DACCARETT, EDWARD J
Address	5445 S.W. WOODHAM STREET
City-State-Zip:	PALM CITY FL 34990

Title	TREASURER
Name	PEAK, MICHAEL
Address	4503 SE CHESAPEAKE BAY DR
City-State-Zip:	STUART FL 34997

Title	DIRECTOR
Name	THOMA, JAMES D
Address	3335 SE LA PRADO COURT
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	DIRECTOR
Name	BOLSTER, ANN
Address	966 SW WHISPER RIDGE TRL
City-State-Zip:	PALM CITY FL 34990

Title	DIRECTOR
Name	GIORGIS, JOHN J
Address	564 SW CRAWFISH DR
City-State-Zip:	PORT ST LUCIE FL 34953

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: EDWARD J DACCARETT**PRESIDENT****01/26/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date