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. 01/23/2016 SIGNATURE: BOB FORD TREASURER

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

Electronic Signature of Signing Officer/Director Detail

(

Officer/Director Detail :			
Title	С	Title	VC
Name	AGIN, MICHAEL S	Name	COLBY, STEVEN T
Address	648 ANCHORS ST., UNIT 3B	Address	648 ANCHORS ST. UNIT 3B
City-State-Zip:	FT. WALTON BCH FL 32548	City-State-Zip:	FT. WALTON BCH FL 32548
Title	SEC	Title Name Address City-State-Zip:	т
Name	MEISTERLING, HEIDI		FORD, BOB
Address	9587 E. BABER LANE		3125 IRONHORSE DRIVE
City-State-Zip:	TUCSON AZ 85747		WOODBRIDGE VA 22192

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.

FT. WALTON BCH, FL 32548 **Current Mailing Address:**

648 ANCHORS ST.

UNIT 3B

648 ANCHORS ST. UNIT 3B FT. WALTON BCH, FL 32548

FEI Number: 88-0487308

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SPEARS, RAY C 305 GREY FOX CIRCLE CRESTVIEW, FL 32536 US

SIGNATURE:

Current Principal Place of Business:

DOCUMENT# F10000001103 Entity Name: THAT OTHERS MAY LIVE FOUNDATION CORP

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 23, 2016 Secretary of State CC0598064607

Certificate of Status Desired: No

Date