

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000001103

**FILED**  
**Jan 08, 2014**  
**Secretary of State**  
**CC4048356857**

**Entity Name:** THAT OTHERS MAY LIVE FOUNDATION CORP

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number: 88-0487308**

**Certificate of Status Desired: No**

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

SPEARS, RAY C  
305 GREY FOX CIRCLE  
CRESTVIEW, FL 32536 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	C
Name	AGIN, MICHAEL S
Address	648 ANCHORS ST., UNIT 3B
City-State-Zip:	FT. WALTON BCH FL 32548
Title	SEC
Name	PACE, JOSEPH
Address	5573 HEDGE BROOKS DRIVE NW
City-State-Zip:	ACWORTH GA 30101

Title	T
Name	HEALY, MICHAEL T
Address	648 ANCHORS ST. UNIT 3B
City-State-Zip:	FT. WALTON BCH FL 32548
Title	T
Name	FORD, BOB
Address	3125 IRONHORSE DRIVE
City-State-Zip:	WOODBIDGE VA 22192

*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: BOB. FORD**

**TREASURER**

**01/08/2014**

Electronic Signature of Signing Officer/Director Detail

Date