

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 8:00 am
Secretary of State

01-10-2007 90044 047 ****61.25

DOCUMENT # 728310

1. Entity Name
L.I.F.E., INC.



Principal Place of Business
P. O. BOX 2171
FT. WALTON BEACH, FL 32549

Mailing Address
P. O. BOX 2171
FT. WALTON BEACH, FL 32549

4000000000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007

Chg-NP

CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANCHORS, C. LEDON
909 MAR WALT DRIVE, SUITE #1014
FORT WALTON BEACH, FL 32548

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE SD ☐ Delete
NAME POSCHEL, VIRGINIA
STREET ADDRESS 594 L'OMBRE COURT, NE
CITY-ST-ZIP FT. WALTON BEACH, FL

TITLE PDT ☐ Delete
NAME BRADY, ROBERT
STREET ADDRESS 616 LAKEVIEW DR.
CITY-ST-ZIP FT. WALTON BCH, FL

TITLE D ☐ Delete
NAME GARCIA-RIOS, JANIE
STREET ADDRESS 206 GRANDVIEW AVE
CITY-ST-ZIP VAL PARISO, FL

TITLE D ☐ Delete
NAME SMITH, FLORENCE
STREET ADDRESS P.O. BOX 1010 N/A
CITY-ST-ZIP DESTIN, FL

TITLE D ☒ Delete
NAME PARTRIDGE, DANIEL
STREET ADDRESS 1110 MIDDLE DR
CITY-ST-ZIP FORT WALTON BEACH, FL 32547

TITLE ☒ Delete
NAME Terry Shoemaker
STREET ADDRESS 31 Ruby Ct
CITY-ST-ZIP Mary Esther FL 32569

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Terry Shoemaker ☐ Change ☐ Addition
NAME 31 Ruby Ct.
STREET ADDRESS Mary Esther FL
CITY-ST-ZIP 32569

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/07

850-863-9703