

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728310

FILED
Jan 03, 2011
Secretary of State

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

Current Principal Place of Business:

109 FETTING AVE
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2171
FT. WALTON BEACH, FL 32549 US

New Mailing Address:

FEI Number: 23-7404890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: SD
Name: POSCHEL, VIRGINIA
Address: 594 L'OMBRE COURT, NE
City-St-Zip: FT. WALTON BEACH, FL 32547 US

Title: PDT
Name: BRADY, ROBERT
Address: 616 LAKEVIEW DR.
City-St-Zip: FT. WALTON BCH, FL 32547 US

Title: D
Name: GARCIA-RIOS, JANIE
Address: 206 GRANDVIEW AVE
City-St-Zip: VAL PARISO, FL 32580 US

Title: D
Name: SMITH, FLORENCE
Address: P.O. BOX 1010 N/A
City-St-Zip: DESTIN, FL 32540 US

Title: D
Name: GARVEY, JOHN
Address: 2 CINDERELLA CT.
City-St-Zip: FT. WALTON BCH, FL 32547 US

Title: D
Name: ELSESSER, PIA
Address: 420 BALLY WAY
City-St-Zip: NICEVILLE, FL 32578 US

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: ROBERT C. BRADY

D

01/03/2011

Electronic Signature of Signing Officer or Director

Date