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NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(5)

| FILED |
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| Mar 20 1998 8:00am |
| Secretary of State |
| |

| ACTION FOR LIFE, INC. | | | | | | | | | | | |
|---|---|---------------------|-----------------|--------------------------|--|--|--|---|---------------|--|-----------------------|
| | | | | | | | | | | (| (EI) BIBN HBI |
| Principal Plac | e of Business | Mailing Address | | | | | 1 100 HU 1 | | (508) | QIQII QIDII BIQII B | |
| 430 9TH ST N | | PO BOX 8206 | | | | - | 3. Date Incom | orated or Qualif | lied | | |
| NAPLES FL 34 US | 102 | NAPLES FL 33941 | | | | | 11/10 | /1975 | | | |
| 88 | | | | | | | 4. FEI Numbe | r | | | oplied For |
| Principal C | lace of Business | Se Mailing Add | | | | | NOT | <u>APPLICABLI</u> | <u> </u> | | ot Applicable |
| 21 | INCO OI GUSINOSS | 2a, Mailing Address | | | | | 5. Certificate | of Status Desired | s 🗀 | | Additional equired |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | | | | 6. Election Ca | mpalgn Financii | ng | \$5.00 | |
| City & Stat | | City & State | | | | | | Contribution | | Added to | |
| 23 | 6 | 28 | | | | | 7. Is this nonprofit corporation a homeowners association? | | | | |
| Zip | Country | Zip | (| Country | , | | B. This corpor | ation owes or ha | | | angible |
| 24 | 25 | 29 | 30 | | | | Personal Pr | roperty Tax due | June 30. | Yes [|] No |
| | 9. Name and Address of Current | Registered Agent | | | Γ | | 10. Name and | Address of Nev | w Registers | d Agent | |
| *** | | | | 81 | Name | ı | | | | | |
| JOSEPH HENNESSY | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| | TH AVE SW S FL383999k 34103 | | | 63 | | | | | | | |
| MAPLES | FLXXXXXX 34103 | | | | | | | | | | |
| | | | | 84 | City | | | | F | L `` | Code |
| 11. Pursuant | to the provisions of Sections 617.0502 | and 617.1508, Flori | a Statutes, the | e abov | e-named | corpora | ation submits th | is statement for | the purpose | of changing it | s registered |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. | | | | | | | | | | registereu | |
| SIGNATURE | | | | | | | | | | | |
| 12. | Signature, typed or printed name of registered agent OFFICERS AND | | | tered Age | nt signature | e required w | hen reinstating) | CHANGES TO C | DATE | UD DIRECTOR | S IN 12 |
| TITLE | PD | □ DE | | .1 TITLE | | | NODITION OF | 01111020100 | ATTIOETTO A | Change | Addition |
| NAME | HENNESSY, JOSEPH | | 1 | .2 NAME | | 1 | | | | | ľ |
| STREET ADDRESS | 4980 8TH AVE SW | | 1. | .3 STREET | ADDRESS | | 44.00 | | | | |
| CITY-ST-ZIP | NAPLES, FL 00000 | | | A CITY-S | T-ZIP | 34 | 4103 | | | | |
| TITLE | VO | ☐ DE | LETE 2 | .1 TITLE | | | | | | ☐ Change | ☐ Addition |
| NAME | BAKER, HELEN | | | 2 NAME | | ļ | | | | | |
| STREET ADDRESS | 22 NEWBURY PLACE | | 1 | | ADDRESS | 3/ | 4104 | | | | |
| CITY-ST-ZIP | NAPLES FL SD | | | . 4 CITY-S | ST-ZIP | | | ··· | | Change | Addition |
| NAME | Carter, Jo an | ٠. | | .2 NAME | | | | | | Change | LI POLITORI |
| STREET ADDRESS | 3130 KINGS LAKE BLVD | | | | ADORESS | İ | | | | | |
| CITY-ST-ZIP | NAPLES, FL 00000 | | | .4. CITY-S | | 341 | 112 | | | | |
| TITLE | S | ☐ DE | LETE 4. | .1 TITLE | | | | | | Change | Addition |
| NAME | RARD, KERBY | | 4. | . 2 NAMÉ | | J | | | | | , , |
| STREET ADDRESS | 785 HIGH PINES DR. | | 4. | .3 STREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | NAPLES FL | | | 4 CITY - S | T-ZIP | ļ <u> </u> | | | | | |
| TITLE | Secretary Anthony Terzi | ☐ DE | | 1 TITLE | | | | | | ☐ Change | ☐ Addition |
| NAME CTREET ADORESS | 616 Wiggins Ba | | | 2 NAME | *UNDECCO | | | | | | |
| STREET ADDRESS | Naples, FL 34 | 110 | 1 | .3 STREET .4 CITY - S | ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | | DE | | .4 CHY-8 .1 TITLE | 1-41r | | | | | Change | Addition |
| NAME | | | | 2 NAME | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | ĺ |
| CITY-ST-ZIP | | | 6. | 4 CITY-S | T-ZIP | <u> </u> | | | | | |
| 44 () | are at a first to the second of the first | 11.1 (10) | 177 4 41 | 1. | | | | | | | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and occurate and that my signature shall have the same legal effect as if made under oath; that I em 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 12 or Block 13 if changed, or on an attachment written address.

GNATURE:

3/3-58

94/-262-5433

SIGNATURE: