

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90019 029 ****61.25

DOCUMENT # 734278

1. Entity Name

ACTION FOR LIFE, INC.

Principal Place of Business

Mailing Address

464 9TH ST. N.
 NAPLES FL 34102
 US

PO BOX 8206
 NAPLES FL 34101-8206

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENNESSY, JOSEPH
4980 8TH AVE SW
NAPLES FL 34103

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.

SIGNATURE *X Joseph Hennessy*

(NOTE: Registered Agent signature required when reinstating)

DATE *2/1/00*

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Delete
NAME	HENNESSY, JOSEPH
STREET ADDRESS	4980 8TH AVE SW
CITY-ST-ZIP	NAPLES FL 34103
TITLE	DVP <input type="checkbox"/> Delete
NAME	BAKER, HELEN
STREET ADDRESS	1909 WINDING OAKS WAY
CITY-ST-ZIP	NAPLES FL 34104
TITLE	D <input type="checkbox"/> Delete
NAME	CARTER, JO AN
STREET ADDRESS	3130 KINGS LAKE BLVD
CITY-ST-ZIP	NAPLES FL 34112
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	TERZI, ANTHONY
STREET ADDRESS	616 WIGGINS BAY DR
CITY-ST-ZIP	NAPLES FL 34110
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL ARROYO
STREET ADDRESS	5130 RAN LOS ANGELES HWY
CITY-ST-ZIP	NAPLES FL, 34113
TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edward C. Melone
STREET ADDRESS	6132 THRASHER DR.
CITY-ST-ZIP	NAPLES, FL, 34112
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: *Edward C. Melone*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/12/2000*

Daytime Phone # *941-262-5752*

CR 1 017 1999