

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760485** (3)
1. Corporation Name

LIFE FORCES RESEARCH FOUNDATION, INC.

Principal Place of Business 2468 N OCEAN SHORE BLVD BEVERLY BCH FL FL 32136 US	Mailing Address 94 COLECHESTER LN 94 COLECHESTER LANE PALM COAST FL 32137 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 10/19/1981	4. FEI Number 59-2186330	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**SHORE, FRANK
94 COLECHESTER LANE
PALM COAST FL 32037**

10. Name and Address of New Registered Agent
81 Name **Betty Nehemias**
82 Street Address (P.O. Box Number is Not Acceptable) **604 Ocean Marina Dr.**
83 **Flagler Beach,**
84 City **Flagler Beach** **FL** **85** Zip Code **32136**

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.
SIGNATURE **Betty Nehemias** *Betty Nehemias* **1-17-1998**
(NOTE: Registered Agent signature Required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHORE, FRANK	
STREET ADDRESS	94 COLECHESTER LANE	
CITY-ST-ZIP	PALM COAST, FL 00000	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SHORE, SYLVIA	
STREET ADDRESS	94 COLECHESTER LANE	
CITY-ST-ZIP	PALM COAST FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NEHEMIAS, BETTY	
STREET ADDRESS	604 OCEAN MARINA DR	
CITY-ST-ZIP	FLGLER BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHORE, STUART	
STREET ADDRESS	26466 SHADY OAK	
CITY-ST-ZIP	MONROE OR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOLOMON, LINDA	
STREET ADDRESS	7 JACKSON STREET	
CITY-ST-ZIP	GLEN COVE NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Nehemias, Betty	
3.3 STREET ADDRESS	604 Ocean Marina Dr	
3.4 CITY-ST-ZIP	Flagler Beach, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Betty Nehemias** *Betty Nehemias* **1-17-98**

CR2E037 (10/97)