

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90138 036 \*\*\*\*70.00

**DOCUMENT # 760485**

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

2468 OCEAN SHORE BLVD  
BEVERLY BEACH FL 32136  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/19/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2186330

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

Zip

Country

Zip

Country

6. Election Campaign Financing



Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEHEMIAS, BETTY  
604 OCEAN MARINA DR  
FLGLER BEACH FL 32136

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME NEHEMIAS, BETTY  
STREET ADDRESS 604 OCEAN MARINA DR  
CITY-ST-ZIP FLGLER BEACH FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME SHORE, STUART  
STREET ADDRESS 26466 SHADY OAK  
CITY-ST-ZIP MONROE OR

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME SOLOMON, LINDA  
STREET ADDRESS 7 JACKSON STREET  
CITY-ST-ZIP GLEN COVE NY

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

BETTY NEHEMIAS REPRESIDENT

2/10/99

904-439-3552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Betty NeheMIAS BETTY NEHEMIAS

CR2E037 (1/98)