

DOCUMENT # 760485

1. Entity Name

LIFE FORCES RESEARCH FOUNDATION, INC.

01-28-2000 90097 045 ****70.00

Principal Place of Business	Mailing Address
2468 N OCEAN SHORE BLVD BEVERLY BCH FL FL 32136 US	2468 OCEAN SHORE BLVD BEVERLY BEACH FL 32136 US

2. Principal Place of Business	3. Mailing Address Same
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
10001	USA	10001	USA
10002	USA	10002	USA
10003	USA	10003	USA
10004	USA	10004	USA
10005	USA	10005	USA
10006	USA	10006	USA
10007	USA	10007	USA
10008	USA	10008	USA
10009	USA	10009	USA
10010	USA	10010	USA
10011	USA	10011	USA
10012	USA	10012	USA
10013	USA	10013	USA
10014	USA	10014	USA
10015	USA	10015	USA
10016	USA	10016	USA
10017	USA	10017	USA
10018	USA	10018	USA
10019	USA	10019	USA
10020	USA	10020	USA
10021	USA	10021	USA
10022	USA	10022	USA
10023	USA	10023	USA
10024	USA	10024	USA
10025	USA	10025	USA
10026	USA	10026	USA
10027	USA	10027	USA
10028	USA	10028	USA
10029	USA	10029	USA
10030	USA	10030	USA
10031	USA	10031	USA
10032	USA	10032	USA
10033	USA	10033	USA
10034	USA	10034	USA
10035	USA	10035	USA
10036	USA	10036	USA
10037	USA	10037	USA
10038	USA	10038	USA
10039	USA	10039	USA
10040	USA	10040	USA
10041	USA	10041	USA
10042	USA	10042	USA
10043	USA	10043	USA
10044	USA	10044	USA
10045	USA	10045	USA
10046	USA	10046	USA
10047	USA	10047	USA
10048	USA	10048	USA
10049	USA	10049	USA
10050	USA	10050	USA
10051	USA	10051	USA
10052	USA	10052	USA
10053	USA	10053	USA
10054	USA	10054	USA
10055	USA	10055	USA
10056	USA	10056	USA
10057	USA	10057	USA
10058	USA	10058	USA
10059	USA	10059	USA
10060	USA	10060	USA
10061	USA	10061	USA
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10064	USA	10064	USA
10065	USA	10065	USA
10066	USA	10066	USA
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10068	USA	10068	USA
10069	USA	10069	USA
10070	USA	10070	USA
10071	USA	10071	USA
10072	USA	10072	USA
10073	USA	10073	USA
10074	USA	10074	USA
10075	USA	10075	USA
10076	USA	10076	USA
10077	USA	10077	USA
10078	USA	10078	USA
10079	USA	10079	USA
10080	USA	10080	USA
10081	USA	10081	USA
10082	USA	10082	USA
10083	USA	10083	USA
10084	USA	10084	USA
10085	USA	10085	USA
10086	USA	10086	USA
10087	USA	10087	USA
10088	USA	10088	USA
10089	USA	10089	USA
10090	USA	10090	USA
10091	USA	10091	USA
10092	USA	10092	USA
10093	USA	10093	USA
10094	USA	10094	USA
10095	USA	10095	USA
10096	USA	10096	USA
10097	USA	10097	USA
10098	USA	10098	USA
10099	USA	10099	USA
10100	USA	10100	USA

4. FEI Number 59-2186330	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

NEHEMIAS, BETTY
604 OCEAN MARINA DR
FLGLER BEACH FL 32136

7. Name and Address of New Registered Agent	
Name Same	
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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEHEMIAS, BETTY 604 OCEAN MARINA DR FLGLER BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHORE, STUART 26466 SHADY OAK MONROE OR <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOMON, LINDA 7 JACKSON STREET GLEN COVE NY <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: SIGNATURE ^{Betty Nehemias} ~~NEHEMIAS~~ ^{1/19/2010}
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____