

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 760485**

1. Entity Name  
**LIFE FORCES RESEARCH FOUNDATION, INC.**



Principal Place of Business  
**37373 ROW RIVER ROAD  
DORENA, OR 97434 US**

Mailing Address  
**37373 ROW RIVER ROAD  
DORENA, OR 97434 US**



01092006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
**59-2186330**

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**

**SHORE, STUART  
94 COLECHESTER LANE  
PALM COAST, FL 32137**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOLOMON, LINDA REV. 34 ZAUN TRAIL PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHORE, STUART 37373 ROW RIVER ROAD DORENA, OR 97434
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STERN, MARSHALL 17 CARDIFF COURT HUNTINGTON STATION, NY 11746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZWARENSTEIN, ELISSA 425 RIVERSIDE DRIVE, APT. 15-F NEW YORK, NY 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000395890  
01/27/06-80011-008 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/06 541/946-2000