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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000001284

1. Corporation Name

GUIDELINES FOR LIVING, INC.

Principal Place of Business

26076 GETTY DR
LAGUNA NIGUEL CA 92677

Mailing Address

26076 GETTY DR
LAGUNA NIGUEL CA 92677



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

03/06/1998

4. FEI Number

84-0574141

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HANCOCK, TRUETT
1513 OBERLIN TERRACE
LAKE MARY FL 32746

10. Name and Address of New Registered Agent

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

TITLE C
NAME SALA, ORVILLE E
STREET ADDRESS 2200 S. MADISON ST
CITY-ST-ZIP DENVER CO 80210

☐ DELETE

TITLE D
NAME BERINGER, TONY
STREET ADDRESS 3 TRAFALGAR
CITY-ST-ZIP NEWPORT BEACH CA 92660

☐ DELETE

TITLE D
NAME CRADDICK, DONALD
STREET ADDRESS 4446 BEACONSFIELD CT
CITY-ST-ZIP WESTLAKE VILLAGE CA 91361

☐ DELETE

TITLE D
NAME HENDERSON, RICHARD
STREET ADDRESS 18 COPPS HILL
CITY-ST-ZIP LAGUNA NIGUEL CA 92677

☐ DELETE

TITLE P
NAME SALA, HAROLD J PH.D.
STREET ADDRESS 12 WINDGATE
CITY-ST-ZIP MISSION VIEJO CA 92692

☐ DELETE

TITLE S
NAME DAVIS, WESLEY
STREET ADDRESS 9 REGALO
CITY-ST-ZIP MISSION VIEJO CA 92692

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED HAROLD J. SALA 1-7-99 (949) 582-5001

CR2E037 (1/98)