

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90316 009 \*\*\*\*70.00

**DOCUMENT # N01000002425**

**1. Entity Name**  
**POWER POINTS FOR LIVING, INC.**



**Principal Place of Business**  
**1307 E RIVER HILLS CIRCLE**  
**APT 5**  
**JACKSONVILLE, FL 32211 US**

**Mailing Address**  
**1307 E RIVER HILLS CIRCLE**  
**APT 5**  
**JACKSONVILLE, FL 32211 US**

**50043092**



**2. Principal Place of Business**  
**744 MORAVAN AVE.**

**3. Mailing Address**  
**744 MORAVAN AVE.**

**Suite, Apt. #, etc.**  
**JACKSONVILLE**

**Suite, Apt. #, etc.**  
**JACKSONVILLE**

**City & State**  
**Florida**

**City & State**  
**Florida**

02222005 Chg-NP CR2E037 (10/03)

**4. FEI Number**  
**59-3759165**

**Applied For**  
**Not Applicable**

**Zip**  
**32211**

**Country**  
**U.S.A.**

**Zip**  
**32211**

**Country**  
**U.S.A.**

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

**6. Name and Address of Current Registered Agent**

**LUNSFORD, BARBARA**  
**911 SHORELINE CIR**  
**PONTE VEDRA BCH, FL 32082**

**7. Name and Address of New Registered Agent**

**Name**

**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. 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 re-registering)

**DATE**

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

**9. Election Campaign Financing**  
**Trust Fund Contribution.** ☐

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

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**TITLE** **T** ☐ **Delete**  
**NAME** **LUNSFORD, RAYMOND D**  
**STREET ADDRESS** **1307 E RIVER HILLS CIRCLE #5**  
**CITY-ST-ZIP** **JACKSONVILLE, FL 32211**

**TITLE** **T** ☒ **Delete**  
**NAME** **LLOYD, A ROBERT**  
**STREET ADDRESS** **343 N TROPICAL TRAIL APT 107A**  
**CITY-ST-ZIP** **MERRITT ISLAND, FL 32953**

**TITLE** **T** ☐ **Delete**  
**NAME** **LUNSFORD, BARBARA M**  
**STREET ADDRESS** **1307 E RIVER HILLS CIRCLE #5**  
**CITY-ST-ZIP** **JACKSONVILLE, FL 32211**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **T** ☐ **Change** ☒ **Addition**  
**NAME** **Kennedy, Gloria**  
**STREET ADDRESS** **744 MORAVAN AVE**  
**CITY-ST-ZIP** **JACKSONVILLE, Florida 32211**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 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:**

*Barbara M Lunsford*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*Barbara M Lunsford* **4-19-05** *904-724-9743*  
**Date** **Daytime Phone #**

*Registered Agent*  
**Registered Agent**

*Registered Agent* **4-19-05**