

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004333

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** LIFE RENEWAL, INC.

**Current Principal Place of Business:**

2843 SWEETHOLLY DRIVE  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

2843 SWEETHOLLY DRIVE  
JACKSONVILLE, FL 32223

**New Mailing Address:**

**FEI Number:** 59-3746887

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLEMING, MICHELE DR.  
2843 SWEETHOLLY DR  
JACKSONVILLE, FL 32223 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** FLEMING, MICHELE DR.  
**Address:** 2843 SWEETHOLLY DR  
**City-St-Zip:** JACKSONVILLE, FL 32223

**Title:** D  
**Name:** FLEMING, NATHAN  
**Address:** 2843 SWEETHOLLY DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32223

**Title:** D  
**Name:** THOMPSON, CHRISTINE  
**Address:** 3 COOK STREET  
**City-St-Zip:** POUGHKEEPSIE, NY 12601

**Title:** T  
**Name:** FELIX, DEBORAH  
**Address:** 56111 KNOTTED OAK WAY  
**City-St-Zip:** YULEE, FL 32097

**Title:** S  
**Name:** BRADDY, BONNIE  
**Address:** 3679 HILLIARD RD  
**City-St-Zip:** JACKSONVILLE, FL 32217

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** DR. MICHELE FLEMING

PRES

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date