## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000008637

Entity Name: THE LYRICS FOR LIFE FOUNDATION, INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
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4460 SW 35 TERR STE 309 2830 NW 54TH AVE GAINESVILLE, FL 32608 GAINESVILLE, FL 32653

Current Mailing Address: New Mailing Address:

4460 SW 35 TERR STE 309 2830 NW 54TH AVE GAINESVILLE, FL 32608 GAINESVILLE, FL 32653

FEI Number: 59-3757395 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

TIMOTHY A BOGLE

4460 SW 35TH TR STE 309

GAINESVILLE, FL 32608 US

TIMOTHY A BOGLE

2830 NW 54TH AVE

GAINESVILLE, FL 32653 US

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: TIM BOGLE 04/28/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: BLOCK, KEN BLOCK, KEN

 Name:
 BLOCK, KEN
 Name:
 BLOCK, KEN

 Address:
 4460 SW 35 TERR STE 309
 Address:
 2830 NW 54TH AVE

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:
 GAINESVILLE, FL 32653

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 NOEL, SHEAY
 Name:
 NOEL, SHEAY

 Address:
 4460 SW 35 TERR STE 309
 Address:
 2830 NW 54TH AVE

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:
 GAINESVILLE, FL 32653

 $\mbox{Title:} \qquad \mbox{D} \qquad \mbox{() Delete} \qquad \qquad \mbox{Title:} \qquad \mbox{D} \qquad \mbox{(X) Change () Addition}$ 

 Name:
 BOGLE, TIM
 Name:
 BOGLE, TIM

 Address:
 4460 SW 35 TERR STE 309
 Address:
 2830 NW 54TH AVE

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:
 GAINESVILLE, FL 32653

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TIM BOGLE D 04/28/2006