## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N02000000334

Entity Name: AMERICAN'S FOR LIFE, INC.

FILED Sep 08, 2003 Secretary of State

Current Pr	incipal Place of Business:	New Principal Place o	New Principal Place of Business:	
	CER DRIVE LTON BEACH, FL 32547			
Current Ma	ailing Address:	New Mailing Address:	New Mailing Address:	
	CER DRIVE LTON BEACH, FL 32547			
FEI Number:	FEI Number Applied For ( )	FEI Number Not Applicable (X)	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Ad			New Registered Agent:	
JOHNSON, RICHARD S 204 BUCK DRIVE FORT WALTON BEACH, FL 32548 US		614 SPENCER DRIVE	DONALNORVIEL, DONALD L 614 SPENCER DRIVE FORT WALTON BEACH, FL 32547 US	
The above in the State	named entity submits this statement for the ρι of Florida.	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: DONALD L. NORVIEL		09/08/2003	
	Electronic Signature of Registered Ager	nt	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( ) Delete BROWN, BRENDA 53 N.W. SILVA DRIVE FORT WALTON BEACH, FL 32548	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete MASTROMONICO, JUDY 594 N.E. FAIRWAY COURT FORT WALTON BEACH, FL 32547	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( ) Delete ROHLMAN, WALTER 331 PLYMOUTH AVENUE FORT WALTON BEACH, FL 32547	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	()Delete	Name: NORVIEL, DO Address: 614 SPENCE		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONALD L. NORVIEL MR. 09/08/2003