

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90087 025 \*\*\*\*70.00

**DOCUMENT # N02000001932**

1. Entity Name

LIFE LINES FOR MEN, INC.



Principal Place of Business

4717 MYLA LANE  
WEST PALM BEACH FL 33409

Mailing Address

5600 N. FLAGLER #905  
WEST PALM BEACH FL 33407

**14000676**



2. Principal Place of Business

4717 MYLA LANE

Suite, Apt. #, etc.

WEST PALM BEACH FL

City & State

33409

Zip

33409

Country

PALM BEACH

3. Mailing Address

5600 N. FLAGLER DR #905

Suite, Apt. #, etc.

WEST PALM BEACH FL

City & State

33407

Zip

33407

Country

PALM BEACH

MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEINRICH, PATRICIA  
5600 N. FLAGLER DR.  
W. PALM BCH FL 33407

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 PSD  
NAME WEINRICH, PATRICIA  
STREET ADDRESS 5600 N. FLAGLER DR.  
CITY - ST - ZIP W. PALM BCH FL 33407 ☐ Delete

TITLE DT  
NAME SUSSAN, RICHARD  
STREET ADDRESS 4717 MYLA LANE  
CITY - ST - ZIP W. PALM BCH FL 33409 ☐ Delete

TITLE V  
NAME VANGINHOUSE, JOHN A  
STREET ADDRESS 3161 VILLAGE BLVD #303  
CITY - ST - ZIP WEST PALM BEACH FL 33409 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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:**

*Patricia A. Weinrich* *Patricia A. Weinrich* *3/22/04* *(561) 842-7283*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #