

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002323

FILED
Mar 03, 2005
Secretary of State

Entity Name: PALM BEACH COUNTY LAWS OF LIFE FOUNDATION, INC.

Current Principal Place of Business:

3791 DALE RD.
W. PALM BCH, FL 33406

New Principal Place of Business:

Current Mailing Address:

3791 DALE RD.
W. PALM BCH, FL 33406

New Mailing Address:

FEI Number: 20-0800316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, RHONDA
3791 DALE RD.
W. PALM BCH, FL 33406 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: D () Delete
Name: WILSON, RHONDA
Address: 3791 DALE RD.
City-St-Zip: W. PALM BCH, FL 33406

Title: D () Delete
Name: FLEMING, BILL
Address: P. O. BOX 34708
City-St-Zip: W. PALM BCH, FL 33414

Title: D () Delete
Name: ABATH, JIM
Address: 3970 RCA BLVD., SUITE 7007
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: D () Delete
Name: ABATH, CINDY
Address: 3970 RCA BLVD., SUITE 7007
City-St-Zip: PALM BCH GARDENS, FL 33410

Title: D () Delete
Name: CHARNOCK, RITA
Address: 312 GREGORY RD.
City-St-Zip: W. PALM BCH, FL 33405

Title: D () Delete
Name: WISH, BARRY
Address: 115 VIA LA SELVA
City-St-Zip: PALM BCH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FLEMING, BILL
Address: P. O. BOX 24708
City-St-Zip: W. PALM BCH, FL 33416

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BILL FLEMING

D

03/03/2005

Electronic Signature of Signing Officer or Director

Date