

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 27, 2006 08:00 AM
Secretary of State**

DOCUMENT # N03000003621

1. Entity Name
LIFEFORCE FOUNDATION, INC.



Principal Place of Business
2815 CUYAHOGA LANE
WEST PALM BEACH, FL 33409

Mailing Address
2815 CUYAHOGA LANE
WEST PALM BEACH, FL 33409



04242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1186701

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HUNTER, CAREN
2815 CUYAHOGA LANE
WEST PALM BEACH, FL 33409

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MACKEY, BONNIE
STREET ADDRESS 1900 SOUTH OLIVE AVENUE
CITY - ST - ZIP WEST PALM BEACH, FL 33401

TITLE VD
NAME HUNTER, CAREN
STREET ADDRESS 2815 CUYAHOGA LANE
CITY - ST - ZIP WEST PALM BEACH, FL 33409

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U000000538186
05/09/06-80048-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5616880095