

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90078 013 ****61.25

DOCUMENT # N03000003621 1. Entity Name LIFEFORCE FOUNDATION, INC.					
Principal Place of Business 2815 CUYAHOCA LANE WEST PALM BEACH FL 33409				Mailing Address 2815 CUYAHOCA LANE WEST PALM BEACH FL 33409	
2. Principal Place of Business - No P.O. Box # 8991 Alexandra Circle Suite, Apt. #, etc.		3. Mailing Address 8991 Alexandra Circle Suite, Apt. #, etc.			
City & State West Palm Beach, FL Zip 33414		City & State West Palm Beach, FL Zip 33414		4. FEI Number 65-1186701	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUNTER, CAREN 2815 CUYAHOCA LANE WEST PALM BEACH FL 33409				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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME MACKEY, BONNIE STREET ADDRESS 1900 SOUTH OLIVE AVENUE CITY- ST- ZIP WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete		TITLE VP NAME Hunter, Caren STREET ADDRESS 8991 Alexandra Circle CITY- ST- ZIP West Palm Beach, FL 33414	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VD NAME HUNTER, CAREN STREET ADDRESS 2815 CUYAHOCA LANE CITY- ST- ZIP WEST PALM BEACH FL 33409	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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					