

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N03000003818**

1. Entity Name  
TOUCHDOWNS4LIFE, INC.



Principal Place of Business  
10044 W. MCNAB RD.  
TAMARAC, FL 33321

Mailing Address  
10044 W. MCNAB RD.  
TAMARAC, FL 33321

FILED

--05 JUL -8 AM 8:51

SECRETARY OF STATE  
ALLAHUSSE, FLORIDA



06292005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
16-1666675

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145

**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 \$81.25  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PTD  
BITAR, LORI  
16811 SOUTHWEST 5TH COURT  
WESTON, FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
KIRBY, TERRY  
16811 SOUTHWEST 5TH COURT  
WESTON, FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
KOLP, SHARON  
16811 SOUTHWEST 5TH COURT  
WESTON, FL 33326

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/05

(954)

726-8785

Date

Daytime Phone #