

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005177

FILED
Feb 25, 2008
Secretary of State

Entity Name: FUNFORLIFE PERSONAL DEVELOPMENT SERVICES, INC.

Current Principal Place of Business:

28211 MAGNON DRIVE
ISTACHATTA, FL 34636 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 162
ISTACHATTA, FL 34636 US

New Mailing Address:

FEI Number: 41-2099509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARROLD, EDWARD J JR.
28211 MAGNON DRIVE
ISTACHATTA, FL 34636 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: P () Delete
Name: HARROLD, EDWARD J JR.
Address: PO BOX 162
City-St-Zip: ISTACHATTA, FL 34636 US

Title: VP () Delete
Name: AMBROSE, ROGER A
Address: 2244 CATALONIA WAY S.
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: S () Delete
Name: HARROLD, JANE E
Address: PO BOX 162
City-St-Zip: ISTACHATTA, FL 34636 US

Title: T () Delete
Name: AMBROSE, CONSTANCE R
Address: 2244 CATALONIA WAY S.
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: D () Delete
Name: HALLOCK, MELISA
Address: 45 SAINT KITTS
City-St-Zip: WINTERHAVEN, FL 33844

Title: D () Delete
Name: ARRINGTON, JACK
Address: 5400 50TH AVENUE N
City-St-Zip: ST PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: EDWARD J HARROLD JR

P

02/25/2008

Electronic Signature of Signing Officer or Director

Date