

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008642

FILED
Apr 21, 2009
Secretary of State

Entity Name: VOGT FOR LIFE, INCORPORATED

Current Principal Place of Business:

7135 GROVE WAY
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

7135 GROVE WAY
LAKELAND, FL 33810

New Mailing Address:

FEI Number: 36-4541725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOGT, DAVID E
7135 GROVE WAY
LAKELAND, FL 33810 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: PD () Delete
Name: VOGT, DAVID E
Address: 7135 GROVE WAY
City-St-Zip: LAKELAND, FL 33810

Title: VTD () Delete
Name: VOGT, DOREEN C
Address: 7135 GROVE WAY
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: HENDRIX, SANDI
Address: 1880 CRYSTAL LAKE DR NORTH #56
City-St-Zip: LAKELAND, FL 33801

Title: ATD () Delete
Name: EDWARDS, JILL
Address: 4567 MT. VIEW DR.
City-St-Zip: LAKELAND, FL 33813

Title: ASD () Delete
Name: BOWLES, KELLY
Address: 3326 SUMMIT CT
City-St-Zip: LAKELAND, FL 33810

Title: SD () Delete
Name: HARMS, SHARON E
Address: 3174 BOONE'S LANE
City-St-Zip: ELLICOTT CITY, MD 21042

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: ASD (X) Change () Addition
Name: VOGT, RONNIE
Address: 1517 LAKEWOOD RD.
City-St-Zip: LAKELAND, FL 33805

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: DOREEN VOGT

VTD

04/21/2009

Electronic Signature of Signing Officer or Director

Date