

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009549

FILED
Jan 03, 2005
Secretary of State

Entity Name: BUDDIES FOR LIFE, INC.

Current Principal Place of Business:

1220 PALMER STREET
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

1220 PALMER STREET
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 73-1685720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLE, PATRICIA
1220 PALMER STREET
ORLANDO, FL 32801 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: BOYLE, PATRICIA
Address: 1220 PALMER STREET
City-St-Zip: ORLANDO, FL 32801

Title: V () Delete
Name: STERCHELE, CYNTHIA
Address: 1211 PALMER STREET
City-St-Zip: ORLANDO, FL 32801

Title: S () Delete
Name: EDDISTON, MARIE
Address: 2949 PEEL AVE
City-St-Zip: ORLANDO, FL 32806

Title: T () Delete
Name: HENNINGS, RITA
Address: 6079 TARA WOOD DR
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: EDMISTON, MARIE
Address: 2949 PEEL AVE
City-St-Zip: ORLANDO, FL 32806

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA BOYLE

PD

01/03/2005

Electronic Signature of Signing Officer or Director

Date