

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

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90199 048 \*\*\*\*61.25

DOCUMENT # N06000003025

1. Entity Name

POSSIBILITIES IN LIFE SHARING, INC.



Principal Place of Business

6101 HANCOCK RD.  
SW RANCHES FL 33330

Mailing Address

6101 HANCOCK RD.  
SW RANCHES FL 33330

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-4591800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

ARAUJO, ADRIANA R  
6101 HANCOCK RD.  
SW RANCHES FL 33330

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

*Adriana Araujo*

*Adriana Araujo, reg. agent 04/17/07*

FILE NOW: FEE IS \$61.25  
Due By May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

NAME STREET ADDRESS CITY-STATE-ZIP	D ARAUJO, ADRIANA R 6101 HANCOCK RD. SW RANCHES FL 33330	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP	D PRESTI, FRANCESCA 10511 SW 50TH ST. COOPER CITY FL 33330	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP	D RYCHLAK, CLAUD 6101 HANCOCK RD. SW RANCHES FL 33330	<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-STATE-ZIP	<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:

*Claus Rycklak, Director 04/17/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #