

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

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**



01162008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4591800

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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 Adriana R Araujo, Director Adriana Araujo 1-24-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**000000798521
01/30/08-80031-025 70.00**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARAUJO, ADRIANA R
STREET ADDRESS	6101 HANCOCK RD.
CITY-ST-ZIP	SW RANCHES, FL 33330
TITLE	D
NAME	PRESTI, FRANCESCA
STREET ADDRESS	10511 SW 50TH ST.
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	D
NAME	RYCHLAK, CLAU
STREET ADDRESS	6101 HANCOCK RD.
CITY-ST-ZIP	SW RANCHES, FL 33330
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Rychlak, CEO Claus Rychlak 1-24-08 954-680-0049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #