

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90041 045 ****61.25

DOCUMENT # N06000005015

1. Entity Name
LAITY FOR LIFE, INC.



Principal Place of Business
POST OFFICE BOX 111478
NAPLES, FL 34108

Mailing Address
POST OFFICE BOX 111478
NAPLES, FL 34108

40017828



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number

20-5139410

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEWART, JAMES C JR.
STEWART & STORTER, ATTYS. AT LAW
9130 GALLERIA COURT, SUITE 302
NAPLES, FL 34109

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

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, 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

TITLE D ☐ Delete
NAME SULLIVAN, KATHLEEN
STREET ADDRESS POST OFFICE BOX 111478
CITY-ST-ZIP NAPLES, FL 34108

TITLE D ☐ Delete
NAME BUCALO, PATRICIA
STREET ADDRESS POST OFFICE BOX 111478
CITY-ST-ZIP NAPLES, FL 34108

TITLE D ☐ Delete
NAME O'NEILL, ELEANOR
STREET ADDRESS POST OFFICE BOX 111478
CITY-ST-ZIP NAPLES, FL 34108

TITLE D ☒ Delete
NAME MELONE, EDWARD
STREET ADDRESS POST OFFICE BOX 111478
CITY-ST-ZIP NAPLES, FL 34108

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME BARONE, LUCIA
STREET ADDRESS POST OFFICE BOX 111478
CITY-ST-ZIP NAPLES FL 34108

TITLE D ☐ Change ☒ Addition
NAME HUNT, MARY REILLY
STREET ADDRESS POST OFFICE BOX 111478
CITY-ST-ZIP NAPLES FL 34108

TITLE D ☐ Change ☒ Addition
NAME ZAWASKI, AUGUSTA
STREET ADDRESS POST OFFICE BOX 111478
CITY-ST-ZIP NAPLES FL 34108

TITLE D ☐ Change ☒ Addition
NAME FALCON, MAUREEN
STREET ADDRESS POST OFFICE BOX 111478
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Patricia Bucalo PATRICIA BUCALO, PRESIDENT

2.12.07

239.352.6333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #