

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005015

FILED
Jan 26, 2009
Secretary of State

Entity Name: LAITY FOR LIFE, INC.

Current Principal Place of Business:

POST OFFICE BOX 111478
NAPLES, FL 34108

New Principal Place of Business:

230 ALBI RD
1
NAPLES, FL 34112

Current Mailing Address:

POST OFFICE BOX 111478
NAPLES, FL 34108

New Mailing Address:

230 ALBI RD
1
NAPLES, FL 34112

FEI Number: 20-5139410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUERNIO, PATRICIA
985 TARPON COVE DR
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

BUCALO, PATRICIA
985 TARPON COVE DR
202
NAPLES, FL 34110 US

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: PATRICIA BUCALO

01/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SULLIVAN, KATHLEEN
Address: POST OFFICE BOX 111478
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: BUCALO, PATRICIA
Address: POST OFFICE BOX 111478
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: O'NEILL, ELEANOR
Address: POST OFFICE BOX 111478
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: BARONE, LUCIA
Address: POST OFFICE BOX 111478
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: HUNT, MARY R
Address: POST OFFICE BOX 111478
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: ZAWASKI, AUGUSTA
Address: POST OFFICE BOX 111478
City-St-Zip: NAPLES, FL 34108

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

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: KATHLEEN SULLIVAN

D

01/26/2009

Electronic Signature of Signing Officer or Director

Date