



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

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N06000012163 1. Entity Name THE LIFE OF RILEY FOUNDATION, INC.					
Principal Place of Business 2050 PROCTOR RD., STE A SARASOTA FL 34231			Mailing Address 2050 PROCTOR RD., STE A SARASOTA FL 34231		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 1st MOORE CR2E037 (10/06)	
City & State		City & State			
Zip Country		Zip Country			
4. FEI Number 65-1159968				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KING, CLIFFORD M 2033 MAIN ST., STE 303 SARASOTA FL 34237			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SABA, RONALD 4769 SONADA COURT SARASOTA FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	U000000692085 04/13/07-80036-019 61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD GRAVES-SABA, KELLY 2304 ROBINSON AVE SARASOTA FL 34232	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD WELLS, JOELINE 7294 WESTWOOD CT SARASOTA FL 34241	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D ARCHIBALD, SARA KELLY 4769 SONADA CT SARASOTA FL 34231	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD BART, MELISSA 4550 SPRING FLOWER CT SARASOTA FL 34233	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D O'CONNOR, MARK K 351 N. SUMNEY TOWN PIKE NORTH WALES PA 19454	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- 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: <i>Joeline M. Wells</i> JOELINE M. WELLS 4/11/07 (941) 812-5578					