2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012163

Entity Name: THE LIFE OF RILEY FOUNDATION, INC.

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
	CTOR RD., STE A, FL 34231	E A			
Current Mailing Address:			New Maili	ng Address:	
	CTOR RD., STE A, FL 34231	E A			
FEI Number:	65-1159968	FEI Number Applied For () FEI	Number Not Appl	icable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
	FORD M ST., STE 303 A, FL 34237	US			
The above in the State		bmits this statement for the purpos	e of changing i	ts registered office or registered agent, or both,	
SIGNATURE:					
	Electronic	Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () E SABA, RONALD 4769 SONADA CO SARASOTA, FL		Title: Name: Address: City-St-Zip:	PD (X) Change () Addition SABA, RONALD M 4220 WINDEMERE PLACE SARASOTA, FL 34231	
Title: Name: Address: City-St-Zip:	VD () E GRAVES-SABA, I 2304 ROBINSON SARASOTA, FL	AVE	Title: Name: Address: City-St-Zip:	VD (X) Change () Addition GRAVES-SABA, KELLY 3001 PONY LANE SARASOTA, FL 34232	
Title: Name: Address: City-St-Zip:	TD () E WELLS, JOELINI 7294 WESTWOO SARASOTA, FL	DD CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E ARCHIBALD, SAF 4769 SONADA C SARASOTA, FL	Γ	Title: Name: Address: City-St-Zip:	D (X) Change () Addition SABA, KELLY R 4220 WINDEMERE PLACE SARASOTA, FL 34231	
Title: Name: Address: City-St-Zip:	SD () E BART, MELISSA 4550 SPRING FL SARASOTA, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E O'CONNOR, MAR 351 N. SUMNEY NORTH WALES,	TOWN PIKE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition WITZER, TRACY S 5137 HIGEL AVENUE SARASOTA, FL 34242	

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: RONALD M. SABA P 04/27/2009