

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # N06000012926

1. Entity Name  
THE LIFEBRIDGE INSTITUTE INC.



Principal Place of Business  
4404 56TH STREET WEST  
BRADENTON, FL 34210

Mailing Address  
4404 56TH STREET WEST  
BRADENTON, FL 34210

**FILED**  
**Aug 14, 2008 08:00 AM**  
**Secretary of State**



02152008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

41-2219330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

ALEANDER, RAY J  
4404 56TH STREET WEST  
BRADENTON, FL 34210

**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

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**

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ALEXANDER, RAY J  
STREET ADDRESS 10309 MARCHMONT COURT  
CITY-ST-ZIP TAMPA, FL 33626

TITLE D  
NAME SACK, DAN V  
STREET ADDRESS 643 KEY ROYALE DRIVE  
CITY-ST-ZIP HOLMES BEACH, FL 34217

TITLE D  
NAME SACK, VICKI L  
STREET ADDRESS 643 KEY ROYALE DRIVE  
CITY-ST-ZIP HOLMES BEACH, FL 34217

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-08

941-794-6700