

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


07-10-2008 90015 029 \*\*\*\*61.25

NO7000011215

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 AUG -6 PM 2:00

**DOCUMENT # N07000011215**  
1. Entity Name  
**FRIENDS 4 LIFE, INC.**



Principal Place of Business  
**3300 NORTH STATE ROAD 7, UNIT 876  
HOLLYWOOD, FL 33021**

Mailing Address  
**3300 NORTH STATE ROAD 7, UNIT 876  
HOLLYWOOD, FL 33021**  
**55 Lake Henry Dr  
Lake Placid FL 33852**

40110150



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
**55 Lake Henry Dr**  
Suite, Apt. #, etc.

08122008 Chg-NP CR2E037 (12/06)

City & State  
**Lake Placid FL**

4. FSI Number  
**33-1197088**

Applied For  
 Not Applicable

Zip  
**33852**

Country  
**Highlands**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**PAPPAS, SUNDAY  
55 LAKE HENRY DRIVE  
LAKE PLACID, FL 33852**

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 Sunday Pappas Sunday Pappas Pres. Treasurer 6/30/2008  
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 September 12, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>Resident - Treasurer</b> <b>Sunday Pappas</b> <b>55 Lake Henry Dr</b> <b>Lake Placid FL 33852</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>James Whitfield</b> <b>PO Box 2869</b> <b>Clewiston FL 33440</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Magaly Hernandez</b> <b>80 West 43 St.</b> <b>Hialeah FL 33012</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Sunday Pappas Sunday Pappas 6/31/2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #