2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N07000011630

Entity Name: LIFE WORTH LIVING FOUNDATION INC

Current Principal Place of Business:

1507 PARK CENTER DRIVE
1L
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

1507 PARK CENTER DRIVE
1K
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 75-3262012 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AYOTUNDE, ELIZABETH
1507 PARK CENTER DR
1L
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AYOTUNDE, MICHAEL
Address: 1507 PARK CENTER DRIVE
City-St-Zip: ORLANDO, FL 32835 US

Title: VP ( ) Delete
Name: AYOTUNDE, ELIZABETH
Address: 1507 PARK CENTER DRIVE
City-St-Zip: ORLANDO, FL 32835 US

Title: S ( ) Delete
Name: SYDNEY, MARVA
Address: 2524 CABERNET CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: T ( ) Delete
Name: MOONA, KELLY
Address: 1507 PARK CENTER DRIVE
City-St-Zip: ORLANDO, FL 32835 US

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:

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: MOA MR 04/27/2009

Electronic Signature of Signing Officer or Director — Date