

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004378

FILED
Apr 30, 2012
Secretary of State

Entity Name: OUR L.I.F.E. FOUNDATION INC.

Current Principal Place of Business:

131 SOUTHERN PECAN CIRCLE
#201
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 618641
ORLANDO, FL 32861

New Mailing Address:

FEI Number: 26-2562485

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, JACQUELINE W PD
131 SOUTHERN PECAN CIRCLE
UNIT #201
WINTER GARDEN, FL 34787 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: PD
Name: MATTHEWS, JACQUELINE
Address: P.O. BOX 618641
City-St-Zip: ORLANDO, FL 32861

Title: VD
Name: WILLIAMS, BRIDGETTE
Address: 131 SOUTHERN PECAN CIRCLE #201
City-St-Zip: WINTER GARDEN, FL 34787

Title: VD
Name: MATTHEWS, CHANTAE
Address: 131 SOUTHERN PECAN CIRCLE #201
City-St-Zip: WINTER GARDEN, FL 32861

Title: T
Name: WILLIAMS, BETTY
Address: 131 SOUTHERN PECAN CIRCLE #201
City-St-Zip: WINTER GARDEN, FL 34787

Title: T
Name: WILLIAMS, MICHAEL E SR
Address: 131 SOUTHERN PECAN CIRCLE #201
City-St-Zip: WINTER GARDEN, FL 34787

I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE MATTHEWS

PD

04/30/2012

Electronic Signature of Signing Officer or Director

Date