

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004791

FILED
Apr 29, 2009
Secretary of State

Entity Name: MAGNIFY LIFE FOUNDATION, INC.

Current Principal Place of Business:

1010 N. CHURCH AVE. SUITE 1
MULBERRY, FL 33860

New Principal Place of Business:

Current Mailing Address:

1010 N. CHURCH AVE. SUITE 1
MULBERRY, FL 33860

New Mailing Address:

FEI Number: 37-1570958

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANTARPIA, JOHN P
1010 N. CHURCH AVE. SUITE 1
MULBERRY, FL 33860 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: D () Delete
Name: SANTARPIA, JOHN P
Address: 1010 N. CHURCH AVE. SUITE 1
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: KEELING, DEANNA
Address: 1010 N. CHURCH AVE. SUITE 1
City-St-Zip: MULBERRY, FL 33860

Title: D () Delete
Name: TOWNSEND, LAOURA
Address: .010 N. CHURCH AVE. SUITE 1
City-St-Zip: MULBERRY, FL 33860

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SANTARPIA, JOHN P
Address: 1010 N. CHURCH AVE. SUITE 1
City-St-Zip: MULBERRY, FL 33860

Title: S (X) Change () Addition
Name: KEELING, DEANNA
Address: 1010 N. CHURCH AVE. SUITE 1
City-St-Zip: MULBERRY, FL 33860

Title: T (X) Change () Addition
Name: ALEXANDER, JENNIFER G
Address: 1010 N. CHURCH AVE. SUITE 1
City-St-Zip: MULBERRY, FL 33860

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: JOHN P. SANTARPIA

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date