

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004791

FILED  
Aug 23, 2011  
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:**

P.O. BOX 427  
MULBERRY, FL 33860

**FEI Number:** 37-1570958

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

Title: T  
Name: TENPENNY, LAURA  
Address: 1010 N. CHURCH AVE. SUITE 1  
City-St-Zip: MULBERRY, FL 33860

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:** JOHN P SANTARPIA

P

08/23/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date