

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010146

FILED
Mar 27, 2009
Secretary of State

Entity Name: F2G LIFE CENTER INC.

Current Principal Place of Business:

581 SW BROOKLYN STREET
MADISON, FL 32340

New Principal Place of Business:

190 N.E 199 ST
MIAMI, FL 33179

Current Mailing Address:

581 SW BROOKLYN STREET
MADISON, FL 32340

New Mailing Address:

190 N.E 199 ST
MIAMI, FL 33179

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, ANGELA
581 SW BROOKLYN STREET
MADISON, FL 32340 US

Name and Address of New Registered Agent:

DAVIS, ANGELA
190 N.E 199 ST
MIAMI, FL 33179 US

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: ANGELA DAVIS

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HARRIS, AYANA N
Address: PO BOX 638
City-St-Zip: MADISON, FL 32341

Title: D () Delete
Name: DIXION, BERYL
Address: PO BOX 638
City-St-Zip: MADISON, FL 32341

Title: D () Delete
Name: HILBERT, DANIELA
Address: PO BOX 638
City-St-Zip: MADISON, FL 32341

Title: D () Delete
Name: DAVIS, SEDRICK
Address: PO BOX 638
City-St-Zip: MADISON, FL 32341

Title: D () Delete
Name: SHELLMAN, GENEVA
Address: PO BOX 638
City-St-Zip: MADISON, FL 32341

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:

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: ANGELA DAVIS

D

03/27/2009

Electronic Signature of Signing Officer or Director

Date