

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000007274

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** BREATH OF LIFE FOUNDATIONS, INC.

**Current Principal Place of Business:**

1250 S. CLARA AVE.  
DELAND, FL 32720

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 4041  
DELAND, FL 32721

**New Mailing Address:**

**FEI Number:** 27-3176864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LACEY, CHARLES K  
1027 SPRINGBANK AVE.  
ORANGE CITY, FL 32763 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:** LACEY, CHARLES K  
**Address:** 1027 SPRINGBANK AV.  
**City-St-Zip:** ORANGE CITY, FL 32763

**Title:** VP  
**Name:** INGRAM, FOMEIKA  
**Address:** 670 ARCHER CT. APT. A  
**City-St-Zip:** DELAND, FL 32720

**Title:** B  
**Name:** FREEMAN, CASSANDRA  
**Address:** 1027 SPRINGBANK AVE  
**City-St-Zip:** ORANGE CITY, FL 32763

**Title:** B  
**Name:** REESE, ANDRE  
**Address:** 676 PREAKNESS CIRCLE  
**City-St-Zip:** DELAND, FL 32724

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:** FOMEIKA INGRAM

VP

04/30/2012

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

\_\_\_\_\_  
Date