

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43819

FILED
Mar 17, 2004
Secretary of State**Entity Name:** LIFE CYCLES GUARDIANSHIP FOUNDATION, INC.**Current Principal Place of Business:**8910 N. DALE MABRY HWY
SUITE 23
TAMPA, FL 33614 US**New Principal Place of Business:****Current Mailing Address:**8910 N. DALE MABRY HWY
SUITE 23
TAMPA, FL 33614 US**New Mailing Address:****FEI Number:** 59-3070763 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**HAYES, TIMOTHY G.
21859 STATE ROAD 54
SUITE 200
LUTZ, FL 33549 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: HAYES, TIMOTHY G ESQ
Address: 21849 STATE ROAD 54, SUITE 200
City-St-Zip: LUTZ, FL**Title:** D () Delete
Name: TUTTLE, JOANNE W
Address: 8410 N. DALE MABRY HWY, STE 23
City-St-Zip: TAMPA, FL 33618**Title:** D () Delete
Name: CABRERA TREMPER, MARIA
Address: 4636 GLENSIDE CIR
City-St-Zip: TAMPA, FL 33624**Title:** D () Delete
Name: CRAFT, JOANNE T
Address: 2251 UNION STREET
City-St-Zip: WEST PALM BEACH, FL 33411**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOANNE WALLACE TUTTLE

DIR.

03/17/2004

Electronic Signature of Signing Officer or Director

Date