

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000829

FILED
Mar 14, 2005
Secretary of State

Entity Name: LIFE FOUNDATION, INC.

Current Principal Place of Business:

445 HOWELL AVENUE
BROOKSVILLE, FL 34601

New Principal Place of Business:

Current Mailing Address:

445 HOWELL AVENUE
BROOKSVILLE, FL 34601

New Mailing Address:

FEI Number: 59-3621657

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETTE, TOM
445 HOWELL AVENUE
BROOKSVILLE, FL 34601 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: BARNETTE, REBECCA D
Address: POST OFFICE BOX 278 N/AA
City-St-Zip: BROOKSVILLE, FL 34605

Title: D () Delete
Name: BARNETTE, THOMAS E
Address: 445 HOWELL AVENUE
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Delete
Name: GREENE, RICHARD
Address: P.O. BOX 299
City-St-Zip: AVON PARK, FL 33826

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:

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: TOM BARNETTE

D

03/14/2005

Electronic Signature of Signing Officer or Director

Date