

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000003494

1. Entity Name
GIFT OF LIFE FOUNDATION, INC.



Principal Place of Business
4511 N HIMES AVE
SUITE 262
TAMPA, FL 33614 US

Mailing Address
4511 N HIMES AVE
SUITE 262
TAMPA, FL 33614 US



04232008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3390166

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGUIGAN, KARREN K
3702 W ROLAND ST
TAMPA, FL 33609

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1100000938051

05/27/08-80075-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCGUIGAN, KARREN K
STREET ADDRESS	3702 W ROLAND ST
CITY - ST - ZIP	TAMPA, FL 33609
TITLE	D
NAME	MCGUIGAN, JAMES J
STREET ADDRESS	3702 W ROLAND ST
CITY - ST - ZIP	TAMPA, FL 33609
TITLE	STD
NAME	BERNALES, IRMA
STREET ADDRESS	31524 WREN CREST DR
CITY - ST - ZIP	ZEPHYRHILLS, FL 33543
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karren K. McGuigan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-238

013 855-7600

Date

Daytime Phone #