

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
04-05-2006 90151 049 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JS

DOCUMENT # N96000006108					
1. Entity Name APPETITE FOR LIFE, INC.					
Principal Place of Business 3190 OLIVE ROAD PENSACOLA, FL 32514			Mailing Address P O BOX 308 PENSACOLA, FL 32592		
2. Principal Place of Business 14 W. Jordan Street		3. Mailing Address			
Suite, Apt. #, etc. Suite 1A		Suite, Apt. #, etc.			
City & State Pensacola, Florida		City & State			
Zip 32501		Zip 32591		Country	
4. FEI Number 59-3415148					
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent PETERSON, DALE CROWN PLAZA PENSACOLA GRAND HOTEL 200 E GREGORY ST PENSACOLA, FL 32502			7. Name and Address of New Registered Agent Name: Brian W. Hoffman Street Address (P.O. Box Number is Not Acceptable): 226 S. Palafox Place 9th Floor Seville Tower City: Pensacola FL Zip Code: 32502		
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: <i>[Signature]</i> DATE: 4/3/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$81.25 Due by May 1, 2006		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM BROWN, FLIP 163 STATE FARM ROAD BURLINGTON, VT 05401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Brian W. Hoffman 226 S. Palafox Place, Ninth Floor Pensacola, Florida 32502	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, DALE 200 E GREGORY ST PENSACOLA, FL 32502	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Julian Mills 4036 Tonbridge Circle, Pensacola Florida 32514	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENWELL, SUSAN 1010 N 12TH AVE PENSACOLA, FL 32503	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Celeste Southard 4640 Johnny's Way Milton, Florida 32583	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM SOLANA, TERRY P O BOX 13123 PENSACOLA, FL 32591	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ray Brown 38128 Arbor Ridge Lillian, Alabama 36549	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, RAY 33128 ARBOR RIDGE LILLIAN, AL 36549	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ray Brown 38128 Arbor Ridge Lillian, Alabama 36549	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEE, RICKIE 1203 N BARCELONA SR PENSACOLA, FL 32501	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Shebbie Shields 701 Southern Ct. Gulf Breeze, Florida 32561	☐ Change ☒ Addition
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: <i>[Signature]</i> DATE: 4/3/06 DAYTIME PHONE: 850-434-2411 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					